

Department PHO Bohol Provincial Diagnostic & Ambulatory Care Center
 PR. No. SAI No. OBR No.
 Date Date Date

Item No.	Quantity	Unit of Issue	SAI No.	Estimated Unit Cost	Estimated Cost
1	5	AMPULE	AMIODARONE 150MG/ML AMPULE	45.00	225.00
2	10	AMPULE	ATROPINE SULFATE 1MG/ML	25.00	250.00
3	10	NEBULE	B-ADRENERGIC AGUNISTS-SALBUTAMOL	100.00	1,000.00
4	20	AMPULE	DIAZEPAM 10MG/2ML AMPULE	130.00	2,600.00
5	10	AMPULE	CALCIUM GLUCONATE 10MG/ML	50.00	500.00
6	50	AMPULE	DIPHENHYDRAMINE MALEATE 50MG/ML	200.00	10,000.00
7	10	AMPULE	DIGOXIN 0.5MG AMPULE	170.00	1,700.00
8	20	AMPULE	EPINEPHRENE 1MG/ML AMPULE	97.00	1,940.00
9	20	AMPULE	NOREPINEPHERE 2MG/ML AMPULE	250.00	5,000.00
10	30	AMPULE	PARACETAMOL 300MG AMPULE	90.00	2,700.00
11	10	IV	PHENOBARBITAL IV	850.00	8,500.00
12	25	NEBULE	TERBUTALINE 0.5ML/DL	80.00	2,000.00
13	10	VIAL	HYDROCORTISONE 100MG/2ML VIAL	380.00	3,800.00
14	10	VIAL	DOBUTAMINE 200MG/20ML VIAL	750.00	7,500.00
15	10	VIAL	DOPAMINE 200MG VIAL	550.00	5,500.00
16	2	VIAL	LIDOCAINE 2% IG/ML VIAL	90.00	180.00
17	4	AMPULE	SODIUM BICARBONATE MEQ AMPULE	200.00	800.00
18	20	AMPULE	TRANEXAMIC ACED 100MG/ML AMPUIE	180.00	3,600.00
19	20	AMPULE	METOCLOPRAMIDE HCL 100MG/ML	30.00	600.00
20	20	AMPULE	HYSOCINE 20MG AMPULE	115.00	2,300.00
21	10	AMPULE	DEXAMETHASONE 1ML/AMP	80.00	800.00
22	50	AMPULE	FUROSEMIDE AMPULE	55.00	2,750.00
23	100	TAB	ASPIRIN 325MG/TAB	7.00	700.00
24	120	TAB	CLONIDINE 75MCG/TAB	15.00	1,800.00
25	120	TAB	CLONIDINE 150MCG/TAB	20.00	2,400.00
26	50	TAB	TRAMADOL 50MG/TAB	10.00	500.00
27	20	TAB	ISOSORBIDE DINITRATE 5MG/TAB	60.00	1,200.00
28	120	TAB	MEFENAMIC ACID 500MG/TAB	6.00	720.00
29	120	TAB	PARACETAMOL 500MG/TAB	6.00	720.00
30	20	TAB	METALCLOPRAMIDE 10MG/TAB	16.00	320.00
31	10	TAB	LANOXIN 25MG/TAB	50.00	500.00
32	60	TAB	CETIRIZINE 10MG TAB	10.00	600.00
33	20	TAB	AMLODIPINE 10MG TAB	7.00	140.00
34	60	NEBULE	SALBUTAMOL NEB 5MG/2.5 ML	20.00	1,200.00
Time of delivery: 10 days upon receipt of NTP Place of Delivery: Bohol Provincial Dianostic & Ambulatory Care Center Mode of procurement: Alternative Mode					
TOTAL					PhP75,045.00

RECEIVED BY: [Signature] DATE: 9/29/21
 PROVINCE OF BOHOL
 RECEIVED BY: [Signature] DATE: 9/30/21
 PROVINCE OF BOHOL
 RECEIVED BY: [Signature] DATE: 10/1/21
 PROVINCE OF BOHOL
 RECEIVED BY: [Signature] DATE: 10/1/21
 PROVINCE OF BOHOL

PROVINCIAL BUDGET OFFICE
 PROVINCE OF BOHOL
 CONTROL NO. 941 REC'D BY [Signature] DATE: 7/14/21
 REMARK NO. 1771 VALID UNTIL 12/31/2021
 EXPENSE CODE 119957/50203070 AMOUNT 75,045
 SOURCE 2019-2020 CONTROLLED BY [Signature]
PETER ROSS M. RETUALA, OIC
 - BMC

Purpose: for the use of Bohol Provincial Diagnostic and Ambulatory Care Center (formerly BMCI)

Requested by:	Cash Availability	Approved by:
[Signature]	[Signature]	[Signature]
FRUSERMA MARY A. UY, MD MPA Medical Specialist IV	EUSTAQUIO A. SOCORIN Provincial Treasurer	ARTHUR C. YAP Governor
CESAR TOMAS M. LOPEZ, MD OIC- PROVINCIAL HEALTH OFFICE		

BY AUTHORITY OF THE GOVERNOR:
ATTY. JOSE MATEO S. POBLETE
 DULY AUTHORIZED REPRESENTATIVE