

CERTIFICATION:

I herby certify that the above requested **Drugs and Medicines** are in conformity with
Philippine Drug National Formulary.

(9) 7/15

P. Monton
PILAR T. MONTON, RPh.
Pharmacist I

Place of Delivery: Clarin Community Hospital

Date in PR: **July 13, 2022**

Time/Period of Delivery: **5 days upon receipt of approve P.O.**

Purpose: To purchase **Drugs and Medicines** for hospital use.

**APPROVED
BY AUTHORITY OF THE GOVERNOR:**

Erico Aumentado
**ANNE MARIQUIT DERIKITO - CPPUS
INTERNAL DEPUTY CHIEF OF STAFF**

Requested by: _____
Signature: _____
Printed Name: **NOEL G. MANALO MD, RN, MPA**
Designation: **Chief of Hospital**

Cash Availability: _____
Signature: _____
Printed Name: **EUSTAQUIO SOCORIN**
Designation: **Provincial Treasurer**

Approved by: _____
Signature: _____
Printed Name: **Erico Aristotle C. Aumentado**
Designation: **Governor**

PROVINCIAL OFFICE	
CONTROL NO. 1159	DATE: 7/15/22
EXPENSE CODE 50203070	12/31/22 ✓
FUND SOURCE GF	176,202.00
PETER FUSS M. P.	140,226.00 ✓
	DATE: 7/15/22

PROVINCIAL PROCUREMENT MANAGEMENT UNIT

RECEIVED BY: *gfm* DATE: **7/29/22**

TRIP # **245**

AMOUNT: **₱176,202.00**

DATE: **7/15/22**