

(2) 6/22

PURCHASE REQUEST

BOHOL LGU

PROVINCE OF BOHOL
 CONTROL NO. 1094 REC'D BY DATE 6/17/22
 REMARK NO. 1560 VALID UNTIL 12/31/22
 EXPENSE CODE 50203080 AMOUNT 690,190.00
 FUND SOURCE GF CONTROLLED EXP. DATE 6/20/22
 PETER ROSS M. R. TOTAL

DEPARTMENT: CLARIN COMMUNITY HOSPITAL

SECTION: MEDICAL SUPPLIES

ITEM NO.	UNIT	ITEM DESCRIPTION	QTY.	UNIT COST	TOTAL COST
1	roll	Autoclave Indicator Tape	3	850.00	2,550.00
2	bottle	Benzyklonium Chloride Aerosol Spray 340g	70	600.00	42,000.00
3	box	Blade Surgical #11	4	1,450.00	5,800.00
4	piece	BP Apparatus Aneroid (Adult)	5	5,000.00	25,000.00
5	roll	Cotton Absorbent 400g	20	390.00	7,800.00
6	piece	ET Tube Size 2.5	20	90.00	1,800.00
7	piece	ET Tube Size 3.5	20	90.00	1,800.00
8	piece	ET Tube Size 5.0	20	90.00	1,800.00
9	piece	ET Tube Size 6.5	30	90.00	2,700.00
10	piece	ET Tube Size 7.0	30	90.00	2,700.00
11	piece	ET Tube Size 7.5	30	90.00	2,700.00
12	piece	Foley Bag Catheter Fr.16	50	36.00	1,800.00
13	roll	Gauze Roll 24x100 mesh	15	1,300.00	19,500.00
14	box	Headgear (Disposable) 100s	50	500.00	25,000.00
15	box	IV Catheter G-22	10	3,200.00	32,000.00
16	box	IV Catheter G-24	15	3,200.00	48,000.00
17	box	IV Catheter G-26	15	3,200.00	48,000.00
18	piece	Kelly Pad	5	5,000.00	25,000.00
19	tube	Lubricating Jelly Tube 150g	5	550.00	2,750.00
20	piece	Macrosets	100	40.00	4,000.00
21	unit	Mayo Table (Instrument Table)	2	9,000.00	18,000.00
22	piece	Nasal Oxygen Cannula (Adult)	100	73.00	7,300.00
23	piece	Nebulizing Kit with Mask(Adult)	100	100.00	10,000.00
24	roll	Plaster (Like Leukoplast) ready cut 10x12	70	2,500.00	175,000.00
25	gallon	Povidone Iodine 10% gal. (Long Expiry)	3	980.00	2,940.00
26	piece	Soluset 100mL	250	185.00	46,250.00
27	piece	Stethoscope (Adult) Heavy Duty, with high acoustic sensitivity, with dual tunable diaphragm, with convertible open bell	5	4,000.00	20,000.00
28	box	Syringe 1mL 100s	30	900.00	27,000.00
29	box	Syringe 3mL 100s	60	900.00	54,000.00
30	box	Syringe 5mL 100s	30	900.00	27,000.00
		****nothing follows****			
TOTAL:				₱	690,190.00

PLACE OF DELIVERY:

TIME/PERIOD OF DELIVERY:

PURPOSE/REMARKS:

- CLARIN COMMUNITY HOSPITAL
- Within Fifteen (15) Days upon Receipt of Approved P.O.
- To Purchase MEDICAL SUPPLIES for Hospital Use.

Requested By:

Cash Availability

Approved By:

SIGNATURE:

PRINTED NAME:

DESIGNATION:

NOEL G. MANALO MD, RN, MPA
 CHIEF OF HOSPITAL

EUSTAQUIO A. SOCORIN
 PROVINCIAL TREASURER

ATTY. ARTHUR C. YAP
 GOVERNOR