

PURCHASE REQUEST

7/11/22

BOHOL

LGU

Department: ① 7/11

CLARIN COMMUNITY HOSPITAL
Clarín, Bohol

PR No. _____ Date: _____

SAR No. _____ Date: _____

Section: PHARMACY

OB. R. _____ Date: _____

Item No.	Quantity	Unit of Issue	Item Description	Estimated	Estimated
				Unit Cost	Cost
1	360	Bottle	IV Fluids D50.3% NaCl 1L	95.00	34,200.00
2	312	Bottle	IV Fluids D5 LR 1L	95.00	29,640.00
3	2,400	Bottle	IV Fluids Plain LRS 1L	95.00	228,000.00
4	360	Bottle	IV Fluids PNSS 1L	95.00	34,200.00
				TOTAL	326,040.00

CERTIFICATION: I herby certify that the above requested IV FLUIDS are in conformity with Philippine Drug National Formulary.

PHO 2022-206
A/P.R.# _____ RECEIVED BY: [Signature] DATE: 8/16/22
PROVINCIAL PROCUREMENT MANAGEMENT UNIT
PHO 22-100
_____ NC # _____ GC # _____ SC # _____ RSC # _____
MUNT: P326100 CK AS TO APP: _____

[Signature]
PILAR T. MONTON, RPh.
Pharmacist I

Place of Delivery: Clarin Community Hospital
Date in PR: July 7, 2022

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

Purpose: To purchase IV FLUIDS for hospital use.

Requested by: [Signature] Cash Availability: [Signature] Approved by: [Signature]
Signature: _____
Printed Name: NOEL G. MANALO MD,RN,MPA EUSTAQUIO SOCORING Erico Aristotle C. Aumentado
Designation: Chief of Hospital Provincial Treasurer Governor

APPROVED BY AUTHORITY OF THE GOVERNOR

ANNE MARIQUIT DERIKITO - OPPUI
INTERNAL DEPUTY CHIEF OF STAFF

PROVINCIAL BUDGET OFFICE
PROVINCE OF BOHOL
CONTROL NO. 1134 REC'D BY [Signature] DATE 7/16/22
MARK NO. 1755 VALID UNTIL 12/31/22
EXPENSE CODE 442206 / 5020310 AMOUNT 330,600.00
FUN SOURCE 2021-030 GE CONTROL [Signature] DATE 7/8/22
PETER ROSSM R. TUTAL, CPA
BMO

NC-Sno
PUF
FRNO

UNIT C
95.0
95.0
95.0
95.0