

F-PR-2022-989
7/11/22

(13) 7/8

PURCHASE REQUEST

Province of Bohol

Cong. Simeon G. Toribio	PR NO. : _____	Date : July 05, 2022
Dept. : Memorial Hospital, Carmen, Bohol	SAI NO. : _____	Date : _____
Section : Pharmacy	Ob. R. No.: _____	Date : _____

Item No.	Quantity	Units of Issue	Item Description	Estimated Unit Cost	Estimated Cost
1 ⁹⁴⁴	186 ⁹⁴⁴	vials/amp	Purified rabies vaccine 2.5iu x 0.5ml x 5's ⁹⁴⁴	1,870.00	347,820.00 ⁹⁴⁴
TOTAL					347,820.00 ⁹⁴⁴

PROVINCIAL BUDGET OFFICE
PROVINCE OF BOHOL

CONTROL NO. 1151 REC'D BY: [Signature] DATE: 7/11/22

MARK NO. 1747 VALID UNTIL: 12/31/22

EXPENSE CODE: 50203070 AMOUNT: 347,820.00

2021-030 GF [Signature] DATE: 7/7/22

PETER RUIZ - HOSPITAL PHARMACIST

RECEIVED BY: [Signature] DATE: 7/11/22
 P/O: [Signature] DATE: 7/11/22
 A-2022-030-134
 NC # 347,820.00
 MOUNT: 347,820.00
 RSC # _____
 DC # _____
 AS TO APP.

CERTIFICATION

I hereby certify that requested medicines conform with Philippine National Drug Formulary, PNDF.

For: [Signature]
MA. PAZ B. GENSON
Pharmacist

Purpose : For patients use

Condition * Bid by lot
 Period of Delivery : 10 days after receipt of P.O.
 Place of Delivery : Cong. Simeon G. Toribio Memorial Hospital, Carmen, Bohol
 Time of Delivery : During office hours.

Requested by: _____	Cash Availability: _____	Approved by: _____
Signature: <u>[Signature]</u>	Signature: <u>[Signature]</u>	Signature: <u>[Signature]</u>
Printed Name: JOSEPHINE B. JABONILLO, MD, RN, MPA	Printed Name: EUSTAQUIO A. SOCORIN	Printed Name: ERICO ARISTOTLE AUMENTADO
Designation: Department Head	Designation: Provincial Treasurer	Designation: Governor

RECEIVED BY: _____ DATE: _____
 MOUNT: _____
 RSC # _____
 DC # _____
 NC # _____
 AS TO APP.

BY AUTHORITY OF THE GOVERNOR

[Signature]
ANNE-MARICUIT DERIKITO - OPPUS
INTERNAL DEPUTY CHIEF OF STAFF