

PURCHASE REQUEST

Province of Bohol

PR - 2022 - 1196
8/27/22

Department: Teodoro B. Galagar District Hosp	PR No. _____	Date: <u>08/18/2022</u>
Section: Pharmacy	SAI No. _____	Date: _____
	Ob.R. No. _____	Date: _____

Item No.	Quantity	Unit of Issue	Item Description	Estimated Unit Cost	Estimated Cost
1	100	amps	A.T.S. 5000 I.U.		
2	100	boxes	Acetylcysteine 600mg tablet , 10's	150.00	15,000.00
3	1,000	vials	Ampicillin 250 mg	277.20	27,720.00
4	500	vials	Ampicillin + Sulbactam 1.5g	22.00	22,000.00
5	500	vials	Ampicillin + Sulbactam 750g	165.00	82,500.00
6	100	boxes	Azithromycin 500mg tablet, 3's	120.00	60,000.00
7	500	boxes	Cefuroxime 500mg tablet, 10's	210.00	21,000.00
8	100	boxes	Co-amoxiclav 625mg tablet, 10's	180.00	90,000.00
9	500	amps	Clindamycin 600mg	143.60	14,360.00
10	20	pc.	Fluticasone+Salmeterol 125/25mcg inhaler	188.00	94,000.00
11	20	pc.	Fluticasone+Salmeterol 250/25mcg inhaler	330.00	6,600.00
12	1,000	vials	Metronidazole 500mg/100ml I.V. (159-017-0010-0007)	510.00	10,200.00
13	1,000	amps	Oxytocin 10 i.u.	57.00	57,000.00
14	144	bots	Paracetamol 100mg drops, 15ml	15.00	15,000.00
15	288	bots	Paracetamol 250mg syrup, 60ml	22.00	3,168.00
16	500	amps	Paracetamol 300mg ampule	20.00	5,760.00
17	1,000	vials	Piperacillin+Tazobactam 4.5gram vial (no code)	14.80	7,400.00
18	50	boxes	Salbutamol 1mg/ml nebule 30's	250.00	250,000.00
19	200	neb	Salbutamol + Ipratropium	300.00	15,000.00
20	2,000	vials	Sterile water for Injection	24.00	4,800.00
21	200	amp.	Tetanus Toxoid 40iu	42.00	84,000.00
22	100	amp.	Tetanus Immunoglobulin (TIG) 250iu (no code)	80.00	16,000.00
TOTAL.....				4,020.60	991,508.00

PROVINCIAL BUDGET OFFICE
PROVINCE OF BOHOL

CONTROL NO. 1340 RECEIVED BY: [Signature] DATE: 8/30/22

MARK NO. 2197 VALID UNTIL: 12/31/22

EXPENSE CODE 442203 50203070 AMOUNT: 991,508.00

FUND SOURCE GF CONSOLIDATED DATE: 8/8/22

PETER [Signature]

PHO 2022 - 283 RECEIVED BY: [Signature] DATE: 8/30/22

PROVINCIAL PROCUREMENT MANAGEMENT UNIT

TRIP # 097 DC # _____ SC # _____ RSC # _____

FUND: 7991508.00 CK AS TO APP: _____

- xxx Charge to Account Code 50203070 xxx
1. Delivery: 15 working days after receipt of P.O.
 2. Deliver to TBGDH, Jagna, Bohol
 3. Mode of Award: By Lot
 4. The supplier disclosed the brand and/or manufacturer
 5. Expiration date: Minimum 2yrs. Expiration period

Purpose: Medicines needed at Pharmacy for use at WARD/ER/OR/DR/OPD.

Certification: This is to certify that the Medicines purchase are found in the P.NDF.

APPROVED
AZEL A. ABREY AUTHORITY OF THE GOVERNOR:
Pharmacist

Requested by: LINA R. CERO, MD, MPA Chief of Hospital	Cash Availability: EUSTAQUIO A. SOCORIN Provincial Treasurer	Approved by: ASTERIA C. CABERTE Provincial Governor
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APPENDIX "F"

10/12/22

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