



PURCHASE REQUEST
Province of Bohol



9/28

Department: PHO- BPDACC	PR. No:	Date: 9/20/2022
Section:	SAI No.	Date:
	OBR No.	Date:

Item No.	QTY	Unit of Issue	SAI No.	Estimated Unit Cost	Estimated Cost
1	4,000	VIAL	Heparin 5000IU / 5 ml (1000 IU/mL)	110.86	443,440.00
<p>RECEIVED BY: [Signature] DATE: 10/7</p> <p>PROVINCIAL PROCUREMENT MANAGEMENT UNIT</p> <p>PROVINCIAL BUDGET OFFICE</p> <p>CONTROL NO. 1779 RECD BY: [Signature] DATE: 9-27-22</p> <p>MARK NO. 2885 VALID UNTIL: 12/31/2022</p> <p>EXPENSE CODE 4000-10-39/50203070 AMOUNT: 443,440.00</p> <p>2021-0301-06 DATE: 9/27/2022</p> <p>PETER PLES</p>					
Time of delivery: 30 days upon receipt of NTP					
Place of Delivery: PHO- Bohol Provincial Diagnostic & Ambulatory Care Center					
Mode of procurement: PUBLIC BIDDING					
TOTAL					PhP443,440.00

Purpose:

for the use of Bohol Provincial Diagnostic and Ambulatory Care Center (formerly BMCI)

10.779 (50203070)

Requested by:	Cash Availability	Approved by:
Signature: [Signature]	EUSTAQUIO A. SOCORIN Provincial Treasurer	ERICO ARISTOTLE C. AUMENTADO Governor
Printed Name: FRUSERMA MARY A. UY, MD MPA		
Designation: Medical Specialist IV	APPROVED BY AUTHORITY OF THE GOVERNOR	
Recommending Approval:	<p>ASTERIA C. CASERTE PROVINCIAL ADMINISTRATOR</p>	
Signature: [Signature]		
Printed Name: REYMOSES A. CABAGNOT, MD, MPH		
Designation: Provincial Health Officer II		