



PURCHASE REQUEST
Province of Bohol



Department: Provincial Health Office
 PR. No: 2022-132
 SAI No.
 OBR No.
 Date: August 22, 2022

Item No.	Quantity	Unit of Issue	SAI No.	Estimated Unit Cost	Estimated Cost
1	100	pax	Packed meal and snacks (1 meal, 2 snacks) in the conduct of Maternal/Neonatal Death Review Outside Tagbilaran City)	300.00	30,000.00
2	257	pax	Packed meal and snacks (1 meal, 2 snacks) in the conduct of Orientation on Safe Motherhood (Outside Tagbilaran City)	300.00	77,100.00
3	130	pax	Packed Meal and snacks (1 meals, 2 snacks) in the conduct of Coordinative Meeting with PHNs and DMOs (4 batches)	300.00	39,000.00
4	124	pax	Packed meal and snacks (1 meal, snacks) for the G6PD Lay Forum outside Tagbilaran City	300.00	37,200.00
5	130	pax	Packed meal and snacks (1 meal, 2 snacks) for the Breast Feeding Support Group Training (65pax x 2 days)	300.00	39,000.00
6	201	pax	Packed meal and snacks (1 meal, 2 snacks) in the conduct of Orientation of Parents on Newborn Screening Program and other Child Health Care Programs outside City of Tagbilaran	300.00	60,300.00
7		pax	Meals and accommodation for the Training of Expanded Program on Immunization, Cold Chain and Newborn Screening Program (3.5 days, 3 nights)	5,500.00	231,000.00
x x x					
charged to Maternal Newborn Child Health and Nutrition (MNCHN) Program					
 MACHIAVILLIA LUIDA M. CALIAO, RN Program Coordinator					
Time of delivery: actual date of activity Place of Delivery: venue of winning provider Mode of procurement: Public Bidding					
TOTAL				PhP 513,600.00	

RECEIVED BY: *[Signature]* DATE: 9/14/2022
 J.R./P.R.# 389
 PROVINCIAL PROCUREMENT MANAGEMENT UNIT
 NC # 106
 DO # 50 # OSC #
 AMOUNT: P 513,600 OKAS TO APP

PROVINCIAL BUDGET OFFICE
 PROVINCE OF BOHOL
 CONTROL NO. 1506
 REC'D BY: *[Signature]* DATE: 9/14/2022
 BENCHMARK NO. 2548
 EXPENSE CODE 46/14000-70-35/70299990
 FUND SOURCE 2021-0307-65
 VALID UNIT AMOUNT 513,600.00
 PETER P. S. REUTALICPA
 CONTROLLER

Purpose: for the use of the MNCHN Program

Requested by:	Cash Availability	Approved by:
Signature Printed Name Designation REYMOSES A. CABAGNOT, MD, MPH Provincial Health Office II	Signature EUSTAQUIO A. SOCORIN Provincial Treasurer	Signature ERICO ARISTOTLE C. AUMENTADO Governor

APPROVED
 BY AUTHORITY OF THE GOVERNOR:

 ASTERIA C. CABERTE
 PROVINCIAL ADMINISTRATOR