



PURCHASE REQUEST
Province of Bohol



Department: Provincial Health Office
Section: _____
PR. No: 2022-159
SAI No. _____
OBR No. _____
Date: September 19, 2022

Item No.	Quantity	Unit of Issue	SAI No.	Estimated Unit Cost	Estimated Cost
1	100	box	Levothyroxine Sodium 50 mcg	550.00	55,000.00
	100	box	Levothyroxine Sodium 25 mcg	500.00	50,000.00
<p>charged to Maternal Newborn Child Health and Nutrition (MNCHN)</p> <p>A-22-250 R/P.N.# _____ RECEIVED BY: _____ DATE: 10/7/22</p> <p>A-22-140 # _____ DD # _____ SC # _____ RSC # _____</p> <p>UNIT: ₱ 105,000.00 CK AS TO APP _____</p> <p>MACHIAVILLIA LUIDA M. CALIAO, RN Coordinator</p> <p>10-715 (502071070)</p> <p>Time of delivery: 10 days upon receipt of NTP Place of Delivery: PHO Mode of procurement: public bidding</p>					
TOTAL					Php 105,000.00

PROVINCIAL BUDGET OFFICE
PROVINCE OF BOHOL
CONTROL No. 1659
RECORD # 2749
DATE 9/20/22
VALID UNTIL 12/31/2022
MARK NO. 4411/4000-10-35/10203070
EXPENSE CODE 2021-030R-OP
FUND SOURCE _____
PETER CESAR RESTALOCA
B-40

Purpose: **APPROVED**
for the use of the PHO Maternal Newborn Child Health and Nutrition (MNCHN) Program **BY AUTHORITY OF THE GOVERNOR:**

Requested by:	Cash Availability	Approved by:
Signature: _____	Signature: _____	Signature: _____
Printed Name: REYMOSES A. CABAGNOT, MD, MPH Designation: Provincial Health Officer II	Printed Name: EUSTACIO A. SOCORIN Designation: Provincial Treasurer	Printed Name: ASTERIA C. CABERTE Designation: Provincial Administrator Governor