



**PURCHASE REQUEST**  
Province of Bohol



W/3

Department: PHO- BPDACC			PR. No:	Date: 9/26/2022	
Section:			SAI No.	Date:	
			OBR No.	Date:	
Item No.	QTY	Unit of Issue	SAI No.	Estimated Unit Cost	Estimated Cost
1	1,000	packs	Fistula Kit – 4 povidine iodine pad, 4 alcohol pad, 2 10cc. Syringe, 4 cherry gauze balls, 2 2x2 gauze, 1 4x4 gauze, 1 pair gloves.	78.75	78,750.00
2	800	pack	AVF Needle – size 16G, Fixed Winged type, Length :300mm	67.50	54,000.00
3	3,200	pack	AVF Needle – size 17G, Fixed Winged type, Length :300mm	67.50	216,000.00
4	4,000	PACK	Bloodlines – universal blood line set c/w 2x transducer protector and 1x saline infusion set, BP segment :8 mm	210.33	841,320.00
5	2,000	BAG	B184 (bicarb) – sodium bicarbonate powder (840grams per pack)	70.56	141,120.00
6	2,000	BAG	AF13 (acid) -solutid acid	261.56	523,120.00
7	1,000	BOX	PNSS 1000ml -0.9% sodium chloride ,solution for IV infusions, electrolyte replenisher,sterile, non-pyrogenic ,single -dose container , (6's)	395.00	395,000.00
8	1,000	PCS.	Dialyzer – lowflux polyethersulfone dialyser 190LR,SA 1.9m2	800.00	800,000.00
<b>TOTAL</b>					<b>PhP3,049,310.00</b>

PROVINCIAL BUDGET OFFICE  
PROVINCE OF BOHOL

CONTROL NO. 1821 REC'D BY [Signature] DATE 9/30/22

MARK NO. 2952 VALID UNTIL 12/31/2022

EXPENSE CODE 4000 10 39 / 50203000 3,049,310.-

2021-0302 6K

PETER [Signature] R. TOTAL OF P

RECEIVED BY: [Signature] DATE: 10/17/22  
 PROVICIAL PROCUREMENT MANAGEMENT UNIT  
 SC # OK 45 TO APP. RSC #  
 TUNT: 10/19/2022 DC #  
 2022-380

10-29 (50207080)

Time of delivery: 30 days upon receipt of NTP  
 Place of Delivery: PHO- Bohol Provincial Diagnostic & Ambulatory Care Center  
 Mode of procurement: PUBLIC BIDDING

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

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		
Degisnation: Medical Specialist IV		
Recommending Approval:		
Signature: [Signature]		
Printed Name: REYMOSES A. CABAGNOT, MD, MPH		
Degisnation: Provincial Health Officer II		

BY AUTHORITY OF THE GOVERNOR

[Signature]

**ASTERIA C. CABERTE**  
PROVINCIAL ADMINISTRATOR

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