



PURCHASE REQUEST
Province of Bohol



14 10/4

PR No. 9-2022

Date: 29-Sep-22

Department: **Catigbian District Hospital**

SAI No.

Date:

Section: **Pharmacy Department**

ALOBS
No.

Date:

Item No.	QTY	Unit of Issue	Item Description	Estimated Unit Cost	Estimated Cost
1	50	amps	ATS 1,500 units amp 1's	82.35	4,117.50
2	30	amps	ATS 5,000 units amp 1's	148.10	4,443.00
3	200	bottles	Ciprofloxacin 200mg/100ml IV bottle 1's	300.00	60,000.00
4	20	boxes	IV Fluids PLR 1L bottle 12's	1,140.00	22,800.00
5	50	amps	Amikacin 250mg/2ml amp 1's	66.00	3,300.00
6	500	amps	Tranexamic Acid 500mg/5ml amp 1's	60.00	30,000.00
7	30	amps	Dexamethasone 4mg/ml, 2ml amp 1's	94.95	2,848.50
8	50	amps	Epinephrine 1mg/ml amp 1's	83.00	4,150.00
9	50	amps	Gentamicin 80mg/2ml amp 1's	43.70	2,185.00
10	30	amps	Hydralazine 20mg/ml amp 1's	214.50	6,435.00
11	2	box	Sodium Chloride 1gram tablet 100's	700.00	1,400.00
12	1	box	Sucralfate 1gram tablet 100's	5,400.00	5,400.00
13	50	amps	Phytomenadione 10mg/ml amp 1's	43.00	2,150.00
14	360	bottles	IV Fluids D5% in 0.3% Na CL 500 ml 24's	95.00	34,200.00
15	1	box	Domperidone 10mg tablet 100's	125.00	125.00
16	2	boxes	Isosorbide Mononitrate 30 mg tablet 100's/box	600.00	1,200.00
17	5	boxes	Losartan 100mg tablet 100's	1,056.00	5,280.00
18	20	vials	Ceftazidime 1gm vial 1's	69.80	1,396.00
19	20	amps	Digoxin 250 mcg /ml, 2 ml 1's	124.91	2,498.20
20	5	boxes	Simvastatin 40mg tablet 100's/box	988.00	4,940.00
				TOTAL:	198,868.20

CERTIFICATION:

This is to certify that the following medicines/drugs procured falls or conform with the Philippine National Formulary(PNF) latest edition.

Mode of Procurement: Emergency Purchase

Purchased by: Lot.

Delivery Time: Seven (7) days after receipt of P.O.

Place Delivery: Catigbian District Hospital

[Handwritten Signature]
NORANGEL M. CARREON, M.D.
Chief of Hospital I

Purpose: For Hospital Pharmacy Use

Requested by:	Cash Availability:	APPROVAL:	
Signature:			
Printed Name:	NORANGEL M. CARREON, M.D.	EUSTAQUIO A. SOCORIN	N. ERICO ARISTOTLE C. AUMENTA
Designation:	Chief of Hospital I	Provincial Treasurer	Governor

By Authority:

[Handwritten Signature]
ASTERIA C. CABERTE
Provincial Administrator

PROVINCIAL PROCUREMENT MANAGEMENT UNIT
 RECEIVED BY: *[Signature]* DATE: 10/21/22
 NC # _____ DC # _____ SC # _____ RSC # _____
 AMOUNT ₱ 198,868.20

PROVINCE OF BOHOL OFFICE
 CONTROL NO. 1830
 EXPENSE CODE 442205
 SOURCE GF
 PETER JOSE M. RUTUAL, CPA
 DATE 10/4/22
 AMOUNT 198,868.20