

PURCHASE REQUEST

F-PR-2022-1723

BOHOL

10/18/22

LGU

10/4

Department:

CLARIN COMMUNITY HOSPITAL
Clarín, Bohol

PR No. _____ Date: _____

SAR No. _____ Date: _____

Section: **PHARMACY**

OB. R. _____ Date: _____

Item No.	Quantity	Unit of Issue	Item Description	Estimated	Estimated
				Unit Cost	Cost
1	240	Bottle	IV Fluids D50.3% NaCl 1L	95.00	22,800.00
2	1,200	Bottle	IV Fluids Plain LRS 1L	95.00	114,000.00
3	360	Bottle	IV Fluids PNSS 1L	95.00	34,200.00
				TOTAL	171,000.00

CERTIFICATION: I herby certify that the above requested IV FLUIDS are in conformity with Philippine Drug National Formulary.

PROVINCIAL PROCUREMENT MANAGEMENT UNIT
 RECEIVED BY: SJA DATE: 10/17/22
 P.P.R.# 170 2022-379
 NC# NC22-201 DC# _____ SC# _____ RSC# _____
 B# _____ CKAS TO APP# _____
 MOUNT: 171,000

Pilar T. Monton
PILAR T. MONTON, RPh.
 Pharmacist I

Place of Delivery: Clarin Community Hospital

Date in PR: **September 29, 2022**

Time/Period of Delivery: **5 days upon receipt of approve P.O.**

Purpose: To purchase **IV FLUIDS** for hospital use.

BY AUTHORITY OF THE GOVERNOR
Asteria C. Caberte
ASTERIA C. CABERTE
 PROVINCIAL ADMINISTRATOR

Requested by: Noel G. Manalo
 Signature: _____
 Printed Name: **NOEL G. MANALO MD,RN,MPA**
 Designation: **Chief of Hospital**

Cash Availability: Eustacio Socorin
 Signature: _____
 Printed Name: **EUSTACIO SOCORIN**
 Designation: **Provincial Treasurer**

Approved by: Erico Aristotle C. Aumentado
 Signature: _____
 Printed Name: **Erico Aristotle C. Aumentado**
 Designation: **Governor**

Dr - CMA

PROVINCIAL BUDGET OFFICE
 PROVINCE OF BOHOL
 CONTROL NO. 1829 REC'D BY [Signature] DATE 9.30.22
 EXPENSE CODE 5020090 VALUAMOUNT 171,000.00
 2021-036 GF [Signature] DATE 10/4/22
 PETER [Signature]