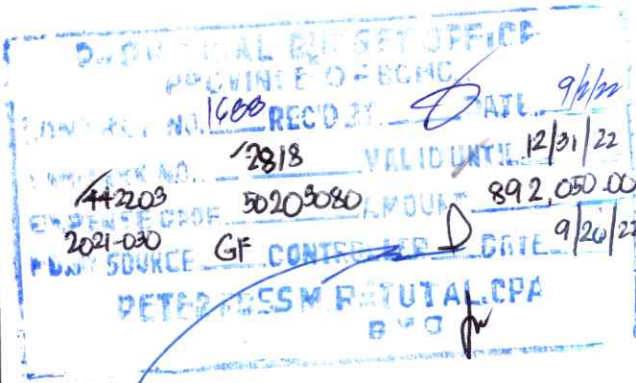


Department: **Teodoro B. Galagar Dist. Hosp.** PR No. _____ Date: **09/02/2022**
 SAI No. _____ Date: _____
 Section: _____ Ob.R. No. _____ Date: _____

WARD			Item Description	Estimated Unit Cost	Estimated Cost
1	300	pcs.	Bed Sheet size 42X85X5' fitted garterized, color-White w/ TBGDH Print	700.00	210,000.00
2	50	pcs.	Bed Sheet size 60 x 80 flat, color-White w/ TBGDH Print	785.00	39,250.00
3	20	units	Oxygen Regulator, heavy duty, w/ serial #, quality brand	8,500.00	170,000.00
4	50	pcs.	OR Lap Sheet 54x40" w/ opening hole 12x8" w/ cover, autoclavable cloth, dark green	700.00	35,000.00
5	300	pcs.	Patient's Gown Adult (Pink - 150, Blue - 150) w/ TBGDH Print	500.00	150,000.00
6	100	pcs.	Patient's Gown Pedia (Yellow - 50, Green - 50) w/ TBGDH Print	450.00	45,000.00
7	50	pcs.	Surgical Gown, soft autoclavable cloth, Size: L-35, XL-15	600.00	30,000.00
8	4	units	BP Apparatus Adult, table top, heavy duty, Adult	14,900.00	59,600.00
9	3	units	BP Apparatus Pedia, table top, heavy duty, Pedia	13,500.00	40,500.00
10	5	units	BP Aneroid Sphygmomanometer, shock resistant, Adult	7,900.00	39,500.00
11	3	units	BP Aneroid Sphygmomanometer, shock resistant, Pedia	7,900.00	23,700.00
12	4	units	Stethoscope, Adult, superior quality/brand	8,250.00	33,000.00
13	2	units	Stethoscope, Pedia, superior quality/brand	8,250.00	16,500.00
xxx Charge to Account Code 50203080 xxx					
<ol style="list-style-type: none"> 1. Delivery: 15 working days after receipt of P.O. 2. Deliver to TBGDH, Jagna, Bohol 3. Mode of Procurement: Emergency 4. The supplier disclosed the brand and/or manufacturer 5. Expiration Period: At least 2 years 					
TOTAL.....				72,935.00	892,050.00



Purpose: **Medical supplies/apparatuses needed to deliver quality health care services**

Condition: _____

Requested by: **LINA R. CERO, MD, MPA** Chief of Hospital

Cash Availability: _____

Approved by: **ASTERIA G. CABERTE** Provincial Administrator

Signature: _____ Printed Name: _____ Designation: _____

Signature: _____ Printed Name: **EUSTAQUIO A. SOCORIN** Provincial Treasurer

Signature: _____ Printed Name: **ERICO ARISTOTLE C. AUMENTADO** Provincial Governor

of Appropriations: _____

RETURAL et Officer _____

by	Sept	Oct	Nov	Dec
	300			
	50			
	20			
	50			
	100			
	300			
	2			
	3			
	4			
	5			
	3			
	4			
	3			
	4			
	5			
	2			