

F-PR-2022-1714
10/18/22

(19) 10/4

PURCHASE REQUEST
Province of Bohol

Department : CNCMH-Loon Health : _____ PR No. _____ Date: 9/19/2022
 Section : Pharmacy (IV Fluids) SAI No. : _____ Date: _____
 ALOBS No. : _____ Date: _____

Item No.	Quantity	Unit of Issue	ITEM DESCRIPTION	Estimated Unit Cost	Estimated Total Cost
1	960	bottle	IV Fluids PLR liter	90.00	86,400.00
2	600	bottle	IV Fluids PLR 500ml	90.00	54,000.00
3	36	bottle	IV Fluids D5NSS liter	90.00	3,240.00
4	600	bottle	IV Fluids PNSS liter	90.00	54,000.00

Note: Long Expiry Date upon date of delivery...
(please atleast three (3) years)

IR/PR# 2022-1888 DATE: 10/18/22
 PROVINCIAL BUDGET OFFICE
 PRO 2022-162
 AMOUNT 197,640.00 ASC# _____

TOTAL **197,640.00**

CERTIFICATION: I hereby certify that the above requested IV Fluids are in conformity with Philippine National Drug Formulary. (PNDF)

[Signature]
ZOE IDA PEREZ DALDE, RPh
 Pharmacist II

BY AUTHORITY OF THE GOVERNOR
[Signature]
ASTERIA C. CABERTE
 PROVINCIAL ADMINISTRATOR

Purpose: For immediate need/use of CNCMH Pharmacy

Signature:	Requested by: <i>[Signature]</i>	Cash Availability: <i>[Signature]</i>	Approved by: <i>[Signature]</i>
Printed Name:	MA. CYRILDA B. TAYLO, M.D.	EUSTAQUO SOCORIN	ERICO ARISTOTLE C. AUMENTADO
Designation:	Chief of Hospital	Provincial Treasurer	Governor

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PROVINCIAL BUDGET OFFICE
 PROVINCE OF BOHOL
 CONTROL NO. 1916 REC'D BY [Signature] DATE 10-3-22
 MARK NO. 3045 VALID UNTIL 12/31/22
 EXPENSE CODE 50203070 AMOUNT 197,640
 FUND SOURCE 2021-030 GF DATE 10/3/22
[Signature]
 PETER [Name] [Title]