

Dept. Medical Supplies
 Section Medical Supplies

Item No.	Quantity	Units of Issue	Item Description	Estimated Unit Cost	Estimated Cost
1	150	box	Gloves, Examining, Unsterile, Medium, 100's	230.00	34,500.00
2	#100	box	Gloves, Examining, Unsterile, large, 100's	230.00	23,000.00
3	300	pack	Gauze 4x4x8x28x24 mesh x 100's	100.00	30,000.00
4	50	box	Syringe, Disposable, 5ml	800.00	40,000.00
5	50	box	Syringe, Disposable, 3ml	800.00	40,000.00
6	20	box	Syringe, Disposable, 10ml	800.00	16,000.00
7	10	box	Sutures, non absorbable monofilament nylon 2/0, 3.0 metric, 45 cms. Nylon suture black monofilament 18" FS, 1/2 circle curved cutting	4,700.00	47,000.00
8	15	box	Sutures, non absorbable monofilament nylon 3/0, 3.0 metric, 45 cms. Nylon suture black monofilament 18" FS, 1/2 circle curved cutting	4,700.00	70,500.00
9	15	box	Sutures, non absorbable monofilament nylon 4/0, 3.0 metric, 45 cms. Nylon suture black monofilament 18" FS, 1/2 circle curved cutting	4,700.00	70,500.00
10	500	pcs.	I.V Infusion set, Adult (Macroset)	35.00	17,500.00
11	2	box	Injection valve, sterile, non-toxic, non-pyrogenic, 100's G-26	5,800.00	11,600.00
TOTAL					400,000.00

PROVINCIAL BUDGET OFFICE
 PROVINCE OF BOHOL
 CONTROL NO. 130 REC'D BY: [Signature] DATE: 5/21/20
 MARK NO. 1113 VALID UNTIL: 12/31/20
 EXPENSE CODE: J02 03 080 AMOUNT: 412,100.00
 FUND SOURCE: PK CONTROLLED BY: [Signature] DATE: 5/21/20
PETER ROSA R. TUTALAPA
 - BMO

Purpose: For Hospital's medical supplies.
 Period of Delivery: 5 days after receipt of P.O.
 Place of Delivery: Cong. Simeon G. Toribio Memorial Hospital, Carmen, Bohol
 Time of Delivery: During office hours.
 Mode of Procurement: Bidding

BY AUTHORITY OF THE GOVERNOR

Requested by: [Signature] Cash Availability: [Signature]
 Signature: [Signature] ATTY. KATHY RINE D. HOQUINTO
 Printed Name: **JOSEPHINE B. JABONILLO, M.D.** **EUSTAQUIO A. SOCORIN** **ARTHUR C. YAP**
 Designation: **Department Head** **Provincial Treasurer** **Governor**

I.R./P.R.# 2020-180 DATE: 4
PROVINCIAL BUDGET MANAGEMENT UNIT
 NC # NC-P110-2020-130 SSC # _____ RSC # _____
 AMOUNT: 400,000 OK AS TO APP: _____