

23 29

Period of Delivery: 30 days after receipt of PO
Place of Delivery: (Along Simon & Taylor Memorial Hospital Campus, Inc.)
Time of Delivery: During office hours.
Mode of Procurement: Direct Contracting

Requested by:	Cost Authority:	Approved:
Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>
Printed Name: JOSEPHINE B. JABONILLO, MD, RN, MPA	Printed Name: EUSTAQUIO A. SOCORIN	Printed Name: ARTHUR C. TAP
Designation: Department Head	Designation: Provincial Treasurer	Designation: Governor

BY AUTHORITY OF THE GOVERNOR:

[Signature]
ATTY. KATHY EN FE D. PIQUINTO
Provincial Administrator

T.M. (1001 - 544)
4/10/22

PROVINCIAL BUDGET OFFICE
PROVINCE OF BOHOL

CONTROL NO. 604 REC'D BY. *[Signature]* DATE: 3/9/22

MARK NO. 0906 VALID UNTIL: 12/31/22
442201

EXPENSE CODE: 50203080 AMOUNT: 809,600.00
2021-030

FUND SOURCE: GEF CONTROLLED BY: *[Signature]* DATE: 3/9/22

PETER ROSS M. REUTAL, CPA
BVO