

PURCHASE REQUEST

BOHOL
LGU

PROVINCIAL BUDGET OFFICE
 PROVINCE OF BOHOL
 CONTROL NO. 1905
 RECEIVED DATE 8/26/22
 BENCHMARK NO. 2283
 VALID UNTIL 12/31/22
 EXPENSE CODE 442206
 50203080 AMOUNT 591,620.00
 2021-030 GF CONTROLLED DATE 8/26/22
 FUND SOURCE

38 *Apr*

DEPARTMENT: CLARIN COMMUNITY HOSPITAL
SECTION: MDL - LABORATORY SUPPLIES

F-PR-2022-1209
8/20/2022

ITEM NO.	UNIT	ITEM DESCRIPTION	QTY.	UNIT COST	TOTAL COST
1	box	APPLICATOR STICKS	4	300.00	1,200.00
2	tray	BLOOD COLLECTION VACUTAINER TUBE 10ML REDTOP x 100s	5	1,650.00	8,250.00
3	bottle	BLOOD TYPING SERA ANTI A	1	700.00	700.00
4	bottle	BLOOD TYPING SERA ANTI B	1	700.00	700.00
5	bottle	BLOOD TYPING SERA ANTI D	1	1,200.00	1,200.00
6	pack	BLUE TIPS 500s	4	500.00	2,000.00
7	box	COVER GLASS 22x22mm 200s	5	540.00	2,700.00
8	kit	COVID-19 Ag RAPID TEST DEVICE (NASOPHARYNGEAL)	100	850.00	85,000.00
9	box	CUVETTES 100s	5	1,500.00	7,500.00
10	box	DENGUE DUO (NS1Ag+IgG/IgM) TEST CASSETTE 25s	12	15,000.00	180,000.00
11	tray	EDTA MICROTAINER TUBE 0.5ML 100s	45	1,800.00	81,000.00
12	tray	EDTA VACUTAINER TUBE 2ML 100s	20	1,300.00	26,000.00
13	box	GLASS SLIDES (FROSTED) 12s	50	150.00	7,500.00
14	pack	HAV TEST CASSETTE PACK 25s	1	8,800.00	8,800.00
15	box	HBsAg TEST CASSETTE 30s	4	2,640.00	10,560.00
16	box	HCT. HEPARINIZED CAPILLARY TUBE 100s	5	160.00	800.00
17	pack	H.PYLORI TEST PACK OF 25s	1	9,000.00	9,000.00
18	tray	PLAIN YELLOW TEST TUBE WITH SERUM SEPARATOR	5	2,000.00	10,000.00
19	box	RAPID REAGIN TEST FOR SYPHILIS AB RAPID TEST CASSETTE 30s	2	5,000.00	10,000.00
20	box	TROPONIN RAPID TEST PACK 25s	1	11,000.00	11,000.00
21	box	TYPHOID IgG/IgM RAPID TEST CASSETTE 30s	3	9,870.00	29,610.00
22	bottle	URINE TEST STRIPS 10SG PARAMETERS 100s	50	1,200.00	60,000.00
23	tray	VACUUM TUBE RED TOP PLAIN 5ML (BLOOD COLLECTION)	15	1,200.00	18,000.00
24	tray	VACUUM TUBE RED TOP PLAIN 3ML (BLOOD COLLECTION)	15	1,200.00	18,000.00
25	pack	YELLOW TIPS 1,000s	3	700.00	2,100.00
TOTAL:					591,620.00

PH-2022-

IR/PR# 302

RECEIVED BY: *[Signature]* DATE: *9/15/22*

****nothing follows****

A-2022-108

AMOUNT P 591,620.00

PLACE OF DELIVERY: CLARIN COMMUNITY HOSPITAL
 TIME/PERIOD OF DELIVERY: Within Fifteen (15) Days upon Receipt of Approved P.O.
 PURPOSE/REMARKS: To Purchase MEDICAL SUPPLIES for Hospital Use.

Requested By:

Cash Availability

Approved By: