

PURCHASE REQUEST

BOHOL
LGU

DEPARTMENT: CLARIN COMMUNITY HOSPITAL

SECTION: MEDICAL SUPPLIES

⑧ 7/27

ITEM NO	UNIT	ITEM DESCRIPTION	QTY.	UNIT COST	TOTAL COST
1	unit	BP APPARATUS, ANEROID (INFANT) -High Quality, -Latex Free, Nylon Cuff, Index and Range Markings, Artery Indicator Mark, Owner ID Label, Gauge Holder, Standard Inflation Bulb and Air Release Bulb -Cuff Range: 5"-7.5" (Arm Circumference)	2	₱ 4,000.00	₱ 8,000.00
2	unit	NEBULIZER, HEAVY DUTY (PORTABLE)	5	₱ 10,000.00	₱ 50,000.00
3	unit	PULSE OXIMETER (Pedia) -Finger Type -High Quality -Branded -With Battery Included	10	₱ 1,200.00	₱ 12,000.00
4	unit	STETHOSCOPE (ADULT) -High Quality, -Premium Grade Stainless Steel, Metal Finish -Ultra-sensitive Diaphragm -Heart and Lung Sounds Acoustic Transmission: 100Hz - 1000Hz -Clear Silicone Eartips -with Pouch/Case	3	₱ 7,000.00	₱ 21,000.00
5	unit	STETHOSCOPE (INFANT) -High Quality, -Premium Grade Stainless Steel, Metal Finish -Ultra-sensitive Diaphragm -Heart and Lung Sounds Acoustic Transmission: 100Hz - 1000Hz -Clear Silicone Eartips -with Pouch/Case	2	₱ 7,500.00	₱ 15,000.00
*****nothing follows*****					
<i>End-user Requirements:</i>					
<ol style="list-style-type: none"> 1. Stocks on hand and ready to ship. 2. Reported defective items shall be replaced by the supplier for safety and quality assurance. 					
TOTAL:					₱ 106,000.00

PROVINCIAL BUDGET OFFICE
PROVINCIAL GOVERNOR

592 DATE 3/17/23

1058 VALID UNTIL 12/31/23

442206 50203020 AMOUNT 106,000.00

2022-019 GF CONTROLLED DATE 3/17/23

PETER ROSSA R. TOTAL CPA

PLACE OF DELIVERY:
TIME/PERIOD OF DELIVERY:
PURPOSE/REMARKS:

CLARIN COMMUNITY HOSPITAL
Within Ten (10) Days upon Receipt of Approved P.O.
To Purchase MEDICAL SUPPLIES for Hospital Use.

Requested By:

Cash Availability

Approved By:

SIGNATURE:

PRINTED NAME: NOEL G. MANALO MD, RN, MPA
DESIGNATION: CHIEF OF HOSPITAL

EUSTAQUIO A. SOCORIN ERICO ARISTOTLE C. AUMENTADO
PROVINCIAL TREASURER GOVERNOR

APPROVED
BY AUTHORITY OF THE GOVERNOR

7/27/23