



PURCHASE REQUEST
City Government of Tacloban



Department: TACLOBAN CITY HOSPITAL
Section: Laboratory

PR No. 2021-649 Date: Sept 20, 2021
SAI No. _____ Date: _____
RIS No. 01-649 Date: Sept 20, 2021

Item No.	QTY	Unit of Issue	DESCRIPTION	ESTIMATED UNIT COST	ESTIMATED TOTAL COST
1	2	box	BUN (R1 5x44ml, R25x11ml)	18,000.00	36,000.00
2	2	box	BUA (10 x 44 ml)	18,000.00	36,000.00
3	4	box	HDL (R1 5x44 ml , R2 5x11)	30,000.00	120,000.00
4	4	box	Creatinine (R1 5x44ml, R2 5x11 ml)	15,000.00	60,000.00
5	1	box	SGOT -AST (R1 6x44ml, R2 3 x 44 ml)	18,000.00	18,000.00
6	1	box	SGPT -ALT (R1 6x44ml, R2 3 x 44 ml)	18,000.00	18,000.00
7	2	box	Electrolytes (1 L)	18,000.00	36,000.00
8	1	box	Typhi Dot (40 test)	9,000.00	9,000.00
9	10	box	PREGNANCY TEST (40 test card)	4,000.00	40,000.00
10	25	bots	URINE STRIPS (4 PARAMETERS)	1,100.00	27,500.00
11	25	box	HbsAg (40 test card)	4,000.00	100,000.00
12	25	box	RPR (40 test)	4,000.00	100,000.00
13	5	set	Hemaquick Stain (4 x 250 ml)	6,000.00	30,000.00
14	100	bots	Distilled Water (10 liters)	180.00	18,000.00
15	20	box	Gloves(Non-Sterile Medium) X 100 pcs	650.00	13,000.00
16	25	trays	Collecting tube EDTA (0.5 ml) X 100	2,000.00	50,000.00
17	2	box	XL -ERBA wash (4x100 ml)	10,000.00	20,000.00
18	2	box	XL - ERBA NORM (R1 4x 5ml, R2 1x 100 ml)	10,000.00	20,000.00
19	2	box	XL - MULTICAL (R1 4x 3 ml , R2 1 x 100 ml)	10,000.00	20,000.00
20	1000	pcs	Urine Container	25.00	25,000.00
21	500	pcs	Stool Container	30.00	15,000.00
					811,500.00

Purpose: FOR TCH LABORATORY USE EIGHT HUNDRED ELEVEN THOUSAND FIVE HUNDRED PESOS ONLY

<p>Requested by:</p> <p style="text-align: center;"><i>[Signature]</i> 09/21/2021 9:00 AM</p> <p>JOEDINA BALEOS MAGAY, MD, MPH, CFP, MHA Chief of Hospital</p>	<p>Fund Availability:</p> <p>Fund Code: <u>300 (Trust Fund)</u> Office Code: <u>TCH MAIP Hospital Fee</u> Expense/Acct. Code: <u>2-04-01-00-1</u> Funds Available: <u>P 811,500.00</u></p> <p style="text-align: center;"><i>[Signature]</i></p> <p>SALVADOR A. ABINA JR. City Accountants Office <small>(Head, Accounting Unit ? Authorized Rep)</small></p>	<p>Approved by:</p> <p style="text-align: center;"><i>[Signature]</i></p> <p>BY THE AUTHORITY OF THE CITY MAYOR: ATTY. GENERAL OIC ALFRED S. ROMUALDEZ City Mayor</p>
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CHARGE TO: TCH-MAIP HOSPITAL FEES

CHECKED BY: *[Signature]* APP.
JUANETTE S. SANTOS
TAC Secretariat
DATE: 23 SEP 2021

CITY ACCOUNTANT OFFICE
RECEIVED
10:10
DATE: 9/28/21