



PURCHASE REQUEST
AYUNGON
LGU

Department: _____ PR No.: _____ Date: June 2, 2020
 Section: _____ SAI No.: _____ Date: _____
 ALOBS No.: _____ Date: _____

Quantity	Unit of Issued	Item Description	Stock No.	Estimated Unit Cost	Estimated Cost
6	box	Ambidextrous Gloves		780.00	4,680.00
4	cans	Dental Local Anesthetic(BM ESPE)		1,980.00	7,920.00
		MEPIVACAINE HCL Mepivastasin Injection			
42	boxes	Dental Local Anesthetic(Lidocaine HCL + eninephrine)		1,900.00	79,800.00
10	boxes	Dental Needle(G27 long)		950.00	9,500.00
10	boxes	Dental Needle(G30 short)		850.00	8,500.00
6	packs	Disposable Bibs		500.00	3,000.00
15	boxes	Face Mask		800.00	12,000.00
5	pcs.	Hand Towels(large)		97.00	485.00
5	pcs.	Hand Towels(medium)		87.00	435.00
15	jar/container	Lidocaine Ointment 50g(topical anesthesia)		1,450.00	21,750.00
30	boxes	Gloves non powdered(medium)		455.00	13,650.00
4	boxes	Cotton Balls/500 cotton balls		350.00	1,400.00
10	bots	Oral Rinse;500ml		450.00	4,500.00
20	pcs/tube	Prophy paste		160.00	3,200.00
15	bots	Povidone Iodine Gargel 100ml		880.00	13,200.00
1	set	Surgery set/Extraction Forceps(1,s,2s,3s,4s E92)		15,500.00	15,500.00
4	packs	Trash Bag(small)		80.00	320.00
					199,840.00

Sub Total

Purpose for use in Dental Clinic at Health Office, Ayungon, Negros Oriental.

	Requested By:	Approved By:
Signature:		
Printed Name:	DR. DYRVING P. DINGCONG Municipal Health Officer	EMARIE F. AGUSTINO Municipal Mayor