

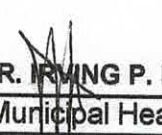
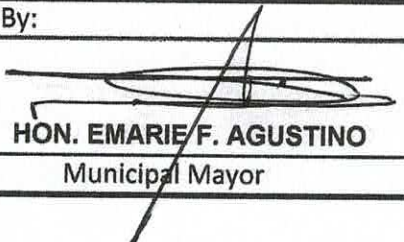
PURCHASE REQUEST
AYUNGON
LGU

PR No.: _____ Date: April 26, 2021,
 Department: MHO SAI No.: _____ Date: _____
 Section: _____ ALOBS No.: _____ Date: _____

Quantity	Unit of Issued	Item Description	Stock No.	Estimated Unit Cost	Estimated Cost
350	pcs	PPE (hospital grade)		700.00	245,000.00
85	boxes	Face Mask, triple layer		350.00	29,750.00
400	pcs	KN 95		50.00	20,000.00
250	pcs	Face Shield		50.00	12,500.00
10	gals	Providone Iodine antiseptic		1,400.00	14,000.00
6	gals	Providone Iodine cleanser		1,400.00	8,400.00
40	gals	Sodium Hypochlorite		260.00	10,400.00
500	bots.	Ethyl Alcohol 70% Solution 500 ml		90.00	45,000.00
336	sets	Sample Storage Reagents UTM/VTM		500.00	168,000.00
10	rocks	Edta Tube		997.00	9,970.00
10	rocks	Red top		997.00	9,970.00
1	set	CBC Hema Control		19,890.00	19,890.00
1	vl	Centronorm		2,220.00	2,220.00
1	box	Hematology Diluent Dymind		11,190.00	11,190.00
1	bot	Lysing/Lyse Dymind 500ml		11,750.00	11,750.00
500	boxes	Sodium Ascorbate Zinc Sulfate (capsule)		795.00	397,500.00
55	boxes	Citirizine 10 mg tab		650.00	35,750.00
		xxxxxxxxxxxxx			

Sub Total **1,051,290.00**

Purpose: For Infectious Diseases

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