

**PURCHASE REQUEST**  
**City Government of Davao**  
**LGU**

TR # : PR-LSBD-76

Department : <u>DepEd-Division of Davao City</u>	P.R.No.: <u>1608 202</u>	Date : <u>AUG 10 2016</u>
Section : _____	SAI No.: _____	Date : _____
	ALOB No.: _____	Date : _____

Item No.	Qty.	Unit of Issue	Item Description	Estimated Unit Cost	Estimated Cost
<b>CATEGORY 39 - MEDICAL SUPPLIES AND MATERIALS</b>					
1	100	bottles	Hydrogen peroxide, 500ml. 120ml	20.00	2,000.00
2	30	bottles	Povidone Iodine, 10% solution, a) 60 ml. 120ml	200.00	6,000.00
3	15	bottles	Povidone Iodine, 10% solution, b) 1000 ml. 500ml	300.00	4,500.00
4	400	bottles	Alcohol, 70% isopropyl, b) 500 ml.	77.50	31,000.00
5	1	box	Syringe, disposable, with needle, 100s, a) 5cc	500.00	500.00
6	1	gallons	Cidex Soaking Solution Activated Dialdehyde Solution	2,500.00	2,500.00
7	50	bottles	0.9% SODIUM CHLORIDE, INTRAVENOUS INFUSION, 1000 ML, 12'S/BOX 50 ml	50.00	2,500.00
8	90	roll	Cotton, absorbent, 400 grams	150.00	13,500.00
9	10	boxes	Gloves, surgical, sterile, disposable, d) Size 6.5"	550.00	5,500.00
10	20	boxes	Gloves, surgical, sterile, disposable, c) Size 7"	550.00	11,000.00
11	4	pieces	CordClamp per piece Instrument Clamp	150.00	600.00
12	4	dozen	Cloth, Linen. 45 width, white, cachu per meter Hand Towel	300.00	1,200.00
13	4	pieces	Biohazard bags, b) 19" x 23" Instrument bags	500.00	2,000.00
14	4	pieces	Instrument tray, aluminum, stainless, with cover, 8 x 10 Rectangular basin 8x4	300.00	1,200.00
				<b>TOTAL</b>	<b>84,000.00</b>

**NEGOTIATED**  
**PROCUREMENT 53.9**  
**SMALL VALUE PROC.**  
**BAC Res. No. 8-020**  
**S. 2016 dated 8/23**

Delivery period: 15 DAYS upon receipt of the approved P.O.

**CERTIFICATION**

This is to certify that the item above are included in the Project Procurement Management Plan (PPMP) of this office.

**Gerard S. Pil**  
 Administrative Officer *vr*

*MAF 8/10/16*

Purpose: Procurement for the Integrated School Health and Nutrition Program

Requested by: Signature : _____ Printed Name : <b>MARIA INES C. ASUNCION CESO VI</b> Designation : <b>Schools Division Superintendent</b>  Controlled and Charged to: <b>SEF - 3311-4</b> Fund Acct. Code: <b>760</b> Name & Signature of Controller: <b>SHEMELYN G. BILBAO</b> Date: _____	Cash Availability <b>BELLA LINDA N. TANJILI</b> OIC-City Treasurer <i>[Signature]</i> <b>VILLA V. DUREZA</b> Acting Asst. City Treasurer - Oprn <u>16-019377 - 84,000 / 8/12</u>	Approved by: <b>SARA Z. DUTERTE</b> City Mayor  <b>ATTY. TRISTAN DOMINGO</b> Assistant City Administrator (Administration)
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Original copy, Green for City Treasurer's Office; Blue Copy for City Accounting Office; Pink copy for City General Services Office; White copy for Requisitioning Dept.