

CS
CYRON D. RAMOS

PURCHASE REQUEST

Entity Name: MARIVELES MENTAL HOSPITAL

Fund Cluster: 01

| Office/Section : <u>DRRMH NEW INFIRMARY</u> | | PR No.: <u>20 20080453</u> | | Date: <u>28 AUGUST 2020</u> | |
|---|-------|---|----------|-----------------------------|------------------|
| PATIENT SAFETY COMMITTEE | | Responsibility Center Code: <u>coh-drr</u> | | | |
| Stock/ Property No. | Unit | Item Description | Quantity | Unit Cost | Total Cost |
| | piece | N.INF-001 Bedside Cabinet with wheels; with 3 layer drawer; plastic cabinet; dimensions: 84 x 46 x 48.5 cm | 10 | 3,500.00 | 35,000.00 |
| | piece | N.INF-005 Emergency EXIT light; acrylic with aluminum housing; high lighted with green LED; standard battery backup (up to 90 minutes); double sided; for wall, ceiling and side mounting; dimensions: 28.5 x 4 x 24 cm | 8 | 2,630.00 | 21,040.00 |
| | piece | N.INF-006 Cork Board with wooden frame; 50cm x 70cm (N.INF-005) | 1 | 960.00 | 960.00 |
| | piece | N.INF-011 Utility box; plastic; good quality; 50 liter capacity; dimensions: 23 x 13 x 12 in with wheels and handle | 2 | 500.00 | 1,000.00 |
| | yard | N.INF-012 Cloth, color green; 90 width; polyester (N.INF-005) | 30 | 300.00 | 9,000.00 |
| <p>FUNDS AVAILABLE</p> <p><i>LA</i></p> <p>LAARNI DC MAGLAQUI, MBA SAO/Budget Unit</p> | | | | | |
| | | | | | 67,000.00 |

Purpose: For use in New Infirmary

Requested by: _____
Signature : *MJ*
Printed Name : MARY JOY LOVEN R. SUBINGSUBING
Designation : Nurse III

Approved by: _____
J2
MARIA LOURDES L. EVANGELISTA, MD, FPPA
Chief of Hospital II