

PURCHASE REQUEST

LGU: CITY GOVERNMENT OF CALAPAN

FUND: GENERAL FUND

Department: City Health and Sanitation Department

PR No. 1017

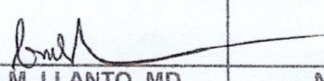


Date: 06/21/2024

Section: _____

FPP: _____

Item No.	Unit	Item Description	Quantity	Unit Cost	Total Cost
Lot 1: Provision of Dentures					
1	sets	1 x 28 Pontic	150	500.00	75,000.00
2	pcs	Denture Case	150	100.00	15,000.00
3	pcs	Alginate	25	1,800.00	45,000.00
4	pairs	Impression Tray Medium Upper/Lower (metal)	20	500.00	10,000.00
5	pairs	Impression Tray Large Upper/Lower (metal)	20	500.00	10,000.00
6	bxs	U-Shaped Articulating Paper	2	1,200.00	2,400.00
7	pcs	Bite Wax	500	25.00	12,500.00
8	kls	Cast Stone	40	125.00	5,000.00
9	rolls	Roll Plastic 8 x 11	10	35.00	350.00
10	tubes	Tube Polident Denture Adhesive Cream 60gms.	2	555.00	1,110.00
11	pcs	Oral Suction Machine	2	10,000.00	20,000.00
Sub-total 1					196,360.00
Lot 2: Assistive Devices					
12	pcs	Wheelchair	30	6,700.00	201,000.00
13	pcs	Foldable walker	4	2,500.00	10,000.00
14	pcs	Single cane	25	750.00	18,750.00
15	pcs	Large cane	2	1,200.00	2,400.00
16	pcs	Crutches	5	1,100.00	5,500.00
Sub-total 2					237,650.00
Lot 3: Meals and Snacks					
Menu: Day 1					
17	pxs	Snack: Ham sandwich, bottled water	30	75.00	2,250.00
18	pxs	Lunch: Chicken curry, rice, bottled water	30	150.00	4,500.00
Menu: Day 2					
19	pxs	Snack: Pansit bihon, bottled water	30	75.00	2,250.00
20	pxs	Lunch: Breaded porkchop, pinakbet, rice, bottled water	30	150.00	4,500.00
Menu: Day 3					
21	pxs	Snack: Tuna sandwich, bottled water	30	75.00	2,250.00
22	pxs	Lunch: Inasal chicken, rice, bottled water	30	150.00	4,500.00

Purpose: To be used for Health Caravan Project to bring City Government closer to people through the delivery of public service.

Requested by:	Cash Availability:	Approved by:
 Signature:	 Signature:	 Signature:
Printed Name: Basilisa M. Llanto, MD Designation: City Health Officer	Printed Name: Nicasio Y. Catapang Designation: City Treasurer	Printed Name: Marilou F. Morillo Designation: City Mayor
Date: _____	Date: _____	Date: _____