

POSTED

PURCHASE REQUEST

Date: _____

LGU: CITY OF CALAPAN

Fund: BOTIKA NG BAYAN

Department: CEED-BNB PR No.: _____
Section: _____ FPP: _____

Date: 07/17/2024

Item No.	Unit	Item Description	Quantity	Unit Cost	Total Cost
1	BXS	EMPAGLIFLOZIN + LINAGLIPTIN 10MG/5MG TAB 30'S	30	2,463.00	73,890.00
2	BXS	EMPAGLIFLOZIN + LINAGLIPTIN 25MG/5MG TAB 30'S	30	2,463.00	73,890.00
3	BXS	EMPAGLIFLOZIN 10MG TAB 30'S	35	1,622.00	56,770.00
4	BXS	EMPAGLIFLOZIN 25MG TAB 30'S	35	1,682.00	58,870.00
5	BXS	GEMIGLIPTIN 50MG TAB 28'S	30	1,514.00	45,420.00
6	BXS	INSULIN GLARGINE 100IU 3/ml Sol'n Inj 5'S	3	4,627.00	13,881.00
7	BXS	IRBESARTAN 150MG TAB 28'S	10	735.00	7,350.00
8	BXS	LINAGLIPTIN + METFORMIN 2.5MG/500MG TAB 60'S	5	1,742.00	8,710.00
9	BXS	LINAGLIPTIN 5MG TAB 30'S	50	1,681.00	84,050.00
10	BXS	TELMISARTAN + AMLODIPNE 40MG/5MG TAB 30'S	32	811.00	25,952.00
11	BXS	TELMISARTAN + AMLODIPNE 80MG/5MG TAB 30'S	10	1,170.00	11,700.00
12	BXS	TELMISARTAN + HCTZ 40MG/12.5MG TAB 30'S	30	752.00	22,560.00
13	BXS	TELMISARTAN 40mg TAB 30'S	30	752.00	22,560.00
14	BXS	TELMISARTAN 80mg TAB 30'S	10	1,322.00	13,220.00
15	BXS	VILDAGLIPTIN + METFORMIN 50/500MG TAB 30'S	30	943.00	28,290.00

Verified by:

[Signature]
DRA. BASILISA M. LLANTO
City Health Officer

[Stamp: IN AS TO BUDGET AVAILABILITY]
[Signature]
LORIETA R. A. SALICIA #1160
CEED-CITY BUDGET OFFICER
DWOS & MEDICINES DEPT

TOTAL 547,113.00

Purpose: medicines for Botika ng Bayan

Signature:	<i>[Signature]</i>	Cash Availability:	<i>[Signature]</i>	Approved by:	<i>[Signature]</i>
Printed Name:	ENR. NEPO JEROME G. BENTER		NICASIO D. CATAPANG		MARILOU F. MORILLO
Designation:	City Economic Enterprise Dev't Officer I		City Treasurer		City Mayor