



## SUPPLEMENTAL ANNUAL PROCUREMENT PLAN CY 2021

NAMRIA-SOI-LM-01-Form19 Rev. 0

**Project Title :** COVID Related Expenses

**Branch :** Hydrography Branch

MATERIALS AND EQUIPMENT	TOTAL REQ'D QTY.	UNIT COST (P'000)	TOTAL COST	COST REQUIREMENT FOR THE PERIOD (P'000)												REMARKS
				JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	
<b>MOOE</b>																
<b>Personal Protective Equipment</b>																
PPE, Washable	131	330.00	43230.00				61			35			35			
KN95, 10's	173	100.00	17300.00				83			45			45			
Gloves, vinyl	26	430.00	11180.00				6			10			10			
<b>Cleaning Equipment and Supplies</b>																
Disinfectant Sprayer	23	2,200.00	50,600.00				3			10			10			
Bleach 1 Gallon (3785mL)	52	131.85	6,856.20				12			20			20			
Disinfectant Solution	49	192.00	9,408.00				9			20			20			
Disinfectant Spray, 340g	45	410.00	18,450.00				5			20			20			
<b>Medical and Laboratory Expenses</b>																
Butamirate, 50mg	974	22.25	21,671.50				474			250			250			
Salbutamol Solution for Nebulization, 2.5mL	180	25.75	4,635.00				80			50			50			
Paracetamol, 500mg	400	3.75	1,500.00				200			100			100			
Phenylpropanolamine HCl, 325mg	1,000	10.00	10,000.00				500			250			250			
Vitex Negundo L., Anti-cough, 120mL	44	161.00	7,084.00				14			15			15			
Vitex Negundo L., Cough Remedy, 120 mL	12	174.75	2,097.00				2			5			5			
Vitex Negundo L., Menthol, 120mL	53	174.75	9,261.75				23			15			15			
		<b>SUBTOTAL</b>	<b>213,273.45</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>150</b>	<b>0</b>	<b>0</b>	<b>90</b>	<b>0</b>	<b>0</b>	<b>90</b>	<b>0</b>	<b>0</b>	

Prepared by:

CDR ANTONIO G VALENZUELA JR  
Officer-in-Charge

Certified Fund Available/  
Certified Appropriate Fund:

AMELITO M. DELA CRUZ  
Head Accounting Unit/Authorized Representative  
1/2 ph

Approved by:

Usec. PETER N. TIANGCO, PhD, CESO I  
Administrator



## SUPPLEMENTAL ANNUAL PROCUREMENT PLAN CY 2021

NAMRIA-SOI-LM-01-Form19 Rev. 0

**Project Title :** COVID Related Expenses

**Branch :** Hydrography Branch

MATERIALS AND EQUIPMENT	TOTAL REQ'D QTY.	UNIT COST (P'000)	TOTAL COST	COST REQUIREMENT FOR THE PERIOD (P'000)												REMARKS
				JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	
Colecalciferol	1,200	6.50	7,800.00				600				300			300		
Acetylcysteine, 200mg	236	17.75	4,189.00				116				60			60		
Multivitamins + Mineral	1,600	12.50	20,000.00				800				400			400		
Ascorbic Acid, capsule	4,100	6.25	25,625.00				2,100				1,000			1,000		
Povidone-Iodine, gargle, 500mL	56	517.50	28,980.00				26				15			15		
Nebulizer Kit without mask	18	50.00	900.00				8				5			5		
Compressor Nebulizer Kit	16	800.00	12,800.00				6				5			5		
Digital thermometer, memory, automatic shut off	156	70.00	10,920.00				76				40			40		
BP Monitor	58	650.00	37,700.00				28				15			15		
Pulse Oximeter	111	850.00	94,350.00				51				30			30		
Other COVID-19- related Prescription Drugs	3	100,000.00	300,000.00				1				1			1		
RT-PCR Tests (Gov't Subsidized: Red Cross, PGH, etc)	420	2,100.00	882,000.00			60	190	40	30	30	30	20	20	10	10	10
RT-PCR Tests and Other Medical and Laboratory Expenses	19	30,000.00	570,000.00			3	3	3	2	2	2	1	1	1	1	1
<b>Other Services</b>																
Outsourced Disinfection for Survey Vessels and Facilities	6	40,000.00	240,000.00				2				2			2		
Emergency Care Services and Other Expenses	3	15,000.00	45,000.00				1				1			1		
		<b>GRAND TOTAL</b>	<b>2,493,537.45</b>				<b>63</b>	<b>4,158</b>	<b>43</b>	<b>32</b>	<b>1,996</b>	<b>22</b>	<b>21</b>	<b>1,975</b>	<b>11</b>	<b>11</b>

Prepared by:

Certified Fund Available/  
Certified Appropriate Fund:

Approved by:

  
CDR ANTONIO G VALENZUELA JR  
Officer in Charge

  
AMELITO M DELA CRUZ  
Head Accounting Unit/Authorized Representative  
2/2 JH

  
Usec. PETER N. TIANGCO, PhD, CESO I  
Administrator