



07-0548

**PURCHASE REQUEST**  
City Government of Tacloban



Department: TACLOBAN CITY HOSPITAL

PR No. 2021-618 Date: July 7, 2021

SAI No. \_\_\_\_\_ Date: \_\_\_\_\_

Section: Nursing Service

RIS No. 07-618 Date: July 7, 2021

Item No.	QTY	Unit of Issue	DESCRIPTION	ESTIMATED UNIT COST	ESTIMATED TOTAL COST
1	4	units	6 Layers Steel Filing Cabinet 79inch.x90cm.	5,795.00	23,180.00

CHECKED BY: JANETTE B. SANTOS  
RAC Secretariat  
DATE: 07 JUL 2021

Twenty-Three Thousand One Hundred Eighty

Grand Total . . . . P/ 23,180.00 post Ont

Purpose: For the use of Tacloban City Hospital ( Holding Area )

<p>Requested by:</p> <p><i>[Signature]</i></p> <p><b>JOEDINA BALEOS-GUINAGAY, MD, MPH, CFP, MHA</b> Chief of Hospital</p>	<p>Fund Availability:</p> <p>Fund Code: <u>300 (Trust Fund)</u></p> <p>Office Code: <u>TCH-MAIP Hospital fees</u></p> <p>Expense/Acct. Code: <u>2-04-01-00-11</u></p> <p>Funds Available <u>₱ 23,180.00</u></p> <p><i>[Signature]</i></p> <p><b>SALVADOR A. ABINA JR.</b> City Accountant</p>	<p>Approved by:</p> <p><i>[Signature]</i></p> <p>BY THE AUTHORITY OF THE CITY MAYOR:</p> <p><b>ATTY. ANITA L. CULIOPE</b> OIC-CITY ADMINISTRATOR <b>ALFRED S. ROMUALDEZ</b> City Mayor</p>
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CHARGE TO: MAIP HOSPITAL FEES

