Delivery Period: _____

After having carefully read and accepted your General Conditions (terms and conditions), I/We quote you on the item(s) at prices provided above. If the space for Delivery Period, Warranty and Price Validity are left blank, it means that I concur with the terms and conditions specified by your procuring entity.

PURCHASE REQUEST
City Government of Tacloban

RECEIVED 8/24/2021 OFFICE 3:20pm

Department: *TACLOBAN CITY HOSPITAL* 88-769

Section *Supply Section*

PR No. 2021-759 Date: August 23, 2021
SAI No. _____ Date: _____
RIS No. 01-759 Date: August 23, 2021

Item No.	QTY	Unit of Issue	DESCRIPTION	ESTIMATED UNIT COST	ESTIMATED TOTAL COST
1	10	bxs.	Toner for Rizo RZ Machine, 220UI (Black)	1,900.00	19,000.00
	8/24/21	2:11			
					Nineteen Thousand
	8/25/21	8:41			Pesos Only
	2021-1170			Grand Total. . . . . P/	19,000.00

Purpose: ***For the use of Tacloban City Hospital***

Requested by:	Fund Availability:	Appoved by:
	Fund Code:	BY THE AUTHORITY OF THE CITY MAYOR:
	Office Code:	ATTY. [illegible] A. QUILIOPE
	Expense/Acct. Code:	OIC [illegible]
	Funds Available	
JOEDINA BALEOS-GUMAGAY,MD,MPH,CFP,MHA	SALVADOR A. ABINA JR.	ALFRED S. ROMUALDEZ
Chief of Hospital	*City Accountant*	*City Mayor*

CHARGED TO: OFFICE SUPPLIES EXPENSE

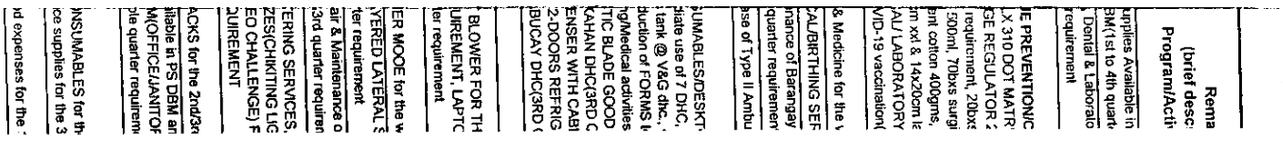
ENP. JANIS CLAIRE S. CANTA
City Planning & Development Coordinator

OFFICE
3000-200-2-3-16 08/31/2021
₱ 19,000.00
L. MALCAL Jr.

TCH/MOOE
AIP 2021

OFFICE
100
7421
5-02-03-010
₱19,000.00
2021-08-4421. 2897

CITY ACCOUNTANT OFFICE
RECEIVED
TIME: 9:15
DATE: 8-25-21

CITY BUDGET OFFICE

755 - Office Supplies