

09-855

PURCHASE REQUEST

City Government of Tacloban



Department: TACLOBAN CITY HOSPITAL

Section: Medical Social Services



PR No. 2021 833 Date: Sept 16, 2021
SAI No. _____ Date: _____
RIS No. 021 833 Date: Sept 16, 2021

Item No.	QTY	Unit of Issue	DESCRIPTION	ESTIMATED UNIT COST	ESTIMATED TOTAL COST
1	5	pcs.	Ink Pack BK/STD (3,000 pages yield) (WF=C5790/C5290)	3,350.00	16,750.00
2	5	pcs.	Ink Pack C/STD (3,000 pages yield) (WF=C5790/C5290)	3,390.00	16,950.00
3	5	pcs.	Ink Pack M/STD (3,000 pages yield) (WF=C5790/C5290)	3,390.00	16,950.00
4	5	pcs.	Ink Pack Y/STD (3,000 pages yield) (WF=C5790/C5290)	3,390.00	16,950.00
			CHECK THIS TO APP. DATE: <u>16 SEP 2021</u>		
					sixty seven thousand six hundred pesos only.
Grand Total P/					67,600.00

Purpose: For the use of Tacloban City Hospital

Requested by: <u>JOEDINA BALEOS-GUMAGAY, MD, MPH, CFP, MHA</u> Chief of Hospital	Fund Availability: Fund Code: <u>300 (Trust Fund)</u> Office Code: <u>TCH - MHP Hospital Fees</u> Expense/Acct. Code: <u>8-04-01-0101</u> Funds Available: <u>P 67,600.00</u> <u>SALVADOR A. ABINA JR.</u> City Accountant	Approved by: <u>ALFRED S. ROMUALDEZ</u> City Mayor
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CHARGE TO: TCH - MHP HOSPITAL FEES

