OFFICE OF THE CITY ADMINISTRATOR
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BY:
DATE: 9-28-21
TIME:

09-880

PURCHASE REQUEST
CITY GOVERNMENT OF TACLOBAN
LGU

Department : City Health Office	PR No. 2021-862	Date: Sept 23, 2021	
Section:	SAI No.	Date:	
	RIS No. 021-862	Date: Sept 23, 2021	

Item No.	Qts.	Unit/s	Item Description	Estimated Unit Cost	Estimated Co:
1	50	room	Room Accommodation for 15 nights Php 700.00 per night/room	10,500.00	525,0(
			xxx nothing follows xxx		
				Five Hundred Twenty - Five Thous	
				Pesos Only.	
				Total	525,00(

CHECKED AND APPROVED
DATE: 23 SEP 2021

Purpose: Additional temporary isolation for suspected COVID19 positive.

	Requested by:	Fund Availability:	APPROVED BY:
	GLORIA E. FABRIGAS, MD,MPH OIC-CITY HEALTH OFFICER	Fund Code: 300 (Trust Fund) Office Code: DRRMP - Trust Expense/Acct. Local Travel Code: 2-02-01-020 Fund Available: ₱ 525,000.00	BY THE AUTHORITY OF THE CITY MA
Signature:		for	
Printed Name:	ILDEBRANDO C. BERNADAS	SALVADOR A. ABINA, JR.	MARVIC U. AMORNADO
Designation:	CDRRM OFFICER	City Accountant	OIC-CITY MAYOR City Mayor

09/28/2021
12:05 PM

CITY ACCOUNTANT OFFICE
RECEIVED
TIME: 10:00
DATE: 9/27/21