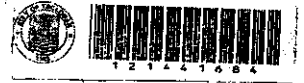


11-1011

PURCHASE REQUEST
City Government of Tacloban



Department: TACLOBAN CITY HOSPITAL

PR No. 2021-1013

Date: Nov 2, 2021

Division : Records Section

Item No.	QTY	Unit of Issue	DESCRIPTION	ESTIMATED UNIT COST	ESTIMATED TOTAL COST
1	100	bxs.	BOX FILER W/ COVER (12x18)	875.00	87,500.00
			Note: this Box filer is a customized size		
			CERTIFICATION (For Non-Common Supplies & Equipment) THIS IS TO CERTIFY that the price(s) herein indicated is/are within the market price		
			JOEDINA BALEOS-GUMAGAY, MD, MPH, CFP, MHA Department Head (Printed Name & Signature)	10-29-2021 Date	
TOTAL AMOUNT					87,500.00

Eighty-Seven Thousand Five Hundred Plus Only. OK

Purpose: For the Use of Tacloban City Hospital

Requested By:	CERTIFIED included in the PPMP Signature : Printed Name: <u>JOEDINA BALEOS-GUMAGAY, MD, MPH, CFP, MHA</u> Designation: <u>Chief of Hospital</u>	Cash Availability:	<u>300 - TCH MAIP Hospital Fee</u> <u>2-04-01-010-11</u> <u>₱ 87,500.00</u> <u>ZOSIMA A. CORDAÑO</u> City Treasurer City Treasurer's Office	Approved by:	 CITY ACCOUNTANT <u>ALFRED S. ROMUALDEZ</u> City Mayor
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CHANGE TO: TCH - MAIP HOSPITAL FEES

CHECKED AS TO APP.
JUANET E. SANTOS
CAG Secretariat
DATE: 11-10-21

Handwritten notes and signature in a circular stamp area

CITY ACCOUNTANT OFFICE
RECEIVED
TIME: 2:10
DATE: 11-10-21