

PURCHASE REQUEST

City Government of Tacloban

11-1007



Department: City Health Office
Section: _____

PR No. _____
SAI No. _____
RIS No. _____

Date: 2021-10-20 2021
Date: _____
Date: Nov. 4, 2021

Item No	QTY	Unit of Issue	ITEM DESCRIPTION	Stock No.	Estimated Unit Cost	Estimated Total Cost
1	50	room	Room Accommodation for 31 nights		21,700.00	1,085,000.00
<div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <p style="text-align: center;">CERTIFICATION (For Non-Common Supplies & equipment) THIS IS TO CERTIFY that the price(s) herein indicated is/are within the market price.</p> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> ILDEFONSO C. BERNADAS CDDRM Officer </div> <div style="text-align: center;"> Date _____ </div> </div> </div>						
					<i>One million Eighty-Five Thousand Pesos Only - 00</i>	
					TOTAL..... PI	1,085,000.00

Purpose: Additional temporary quarantine shelters for Returning Tacloban Residents, OFW, & LSI, in line with covid19 emergency response operations.

	Requested By: CERTIFIED Included in the PPMP GLORIA E. FABRIGAS, MD, MPH OIC, CITY HEALTH OFFICER	CASH AVAILABILITY: Fund Code: 300 (Trust Fund) Office Code: DRRMF - Trust Liability Expense Acct. _____ Code: 2-04-01-010-20 Funds Available: P 1,085,000.00	Approved by: BY THE AUTHORITY OF THE CITY MA ATTY. ANNALIZA A. QUILOPE OIC, CITY ADMINISTRATOR HON. ALFRED S. ROMUALDEZ City Mayor
Name: _____ Designation: _____	 ILDEFONSO C. BERNADAS CDDRM Officer	 ZOSIMA A. CORDAÑO City Treasurer	

CHECKED BY TO APP.
 NJANE B. SANTOS
 RAC Secretariat
 DATE: 04 NOV 2021

OFFICE OF THE CITY ADMINISTRATOR
RECEIVED
 BY: _____
 DATE: 11-9-21
 TIME: _____

CITY ACCOUNTANT OFFICE
RECEIVED
 TIME: 10:55
 DATE: 11-05-21

BUDGET AND FINANCE COMMITTEE

 11/10/2021
 TACLOBAN CITY