

PURCHASE REQUEST
City Government of Tacloban

11-1006



Department:
Section:

City Health Office

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

Date: 2021-10-31 2021
Date: _____
Date: Nov 4, 2021

Item No	QTY	Unit of Issue	ITEM DESCRIPTION	Stock No.	Estimated Unit Cost	Estimated Total Cost
1	15	room	Room Accommodation for 31 nights		21,700.00	325,500.00
<p>CERTIFICATION (For Non-Common Supplies & equipment) THIS IS TO CERTIFY that the price(s) herein indicated is/are within the market price.</p> <p><i>[Signature]</i> ILDEBRANDO C. BERNADAS CDRRM Officer</p> <p>Date: _____</p> <p><i>Three Hundred Twenty-Five Thousand Five Hundred Pesos Only.</i></p>						
					TOTAL..... PI	325,500.00

Purpose: For provision of temporary isolation for suspected COVID19-positive and healthworkers and frontliners, in line with covid19 emergency response operations.

<p>Requested By:</p> <p>CERTIFIED included in the PPMP</p> <p><i>[Signature]</i> GLORIA E. FABRIGAS, MD, MPH OIC, CITY HEALTH OFFICER</p> <p><i>[Signature]</i> ILDEBRANDO C. BERNADAS CDRRM Officer</p> <p>Name: _____ Designation: _____</p>	<p>CASH AVAILABILITY:</p> <p>Fund Code: <u>300 (Trust Fund)</u> Office Code: <u>DRRMF-Trust Liability</u> Expense Acct. _____ Code: <u>2-04-01-010-20</u> Funds Available: <u>325,500.00</u></p> <p><i>[Signature]</i> ZOSIMA A. CORDAÑO City Treasurer</p>	<p>Approved by:</p> <p><i>[Signature]</i> BY THE AUTHORITY OF THE CITY MAYOR ATTY. ANNALIZA A. QUILIOPE OIC, CITY ADMINISTRATOR HON. ALFRED S. ROMUALDEZ City Mayor</p>
		<p>Requested By:</p> <p><i>[Signature]</i> ILDEBRANDO C. BERNADAS CDRRM Officer</p>

CHECKED AS TO APP.
JANETTE SANTOS
SAC 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

[Signature]
ILDEBRANDO C. BERNADAS
CDRRM Officer
TACLOBAN CITY