PURCHASE REQUEST

City Government of Tacloban

Decarment: TACLOBAN CITY HOSPITAL

PR No. <u>1011 - 1087</u>
Date: <u>Nw 12</u> 2011

Division : COH OFFICE

item : No.	QTY	Unit of Issue	DESCRIPTION		ESTIMATED UNIT COST	ESTIMATED TOTAL COST
,	1 1	unit	Airconditioning Split Type, 2.5HP, inver	ter (Branded)	57.000.00	57,000.00
			with Free Installation			
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						· · · · · · · · · · · · · · · · · · ·
				-		
		CERTIFICATION				
			(For Non-Common Supplies			
			THIS IS TO CERTIFY that the price(/аге	· · · · · · · · · · · · · · · · · · ·	
			within the market			
	!	JOEDIN	NA BALEOS-GUMAGAY,MD.MPH.CFP.MHA			
	1		¶ Department Head ∦	Date		
			(Printed Name & Signature)			
			TOTAL AMOUNT			57.000.00
urpo	se:	For Ta	cloban City Hospital Use- COH Of	fice	Fifty	seven thousand peros
•						only Ou
		Reques	sted By:	Cash Availability:	2) astigual	Approved by:
		CERTIF	FIED included in the PPMP	914H 427-008 2010-1406 2010-1406	(3) Qy 11	Authority of the City May
. ,				لطة		ANACLETO REI A. LACAMILAO M
ignatu rinted	re : Name:	JOEDIN	A BALEOS-GUMAGAY.MD.MPH.CFP.MHA	ZOSIMA A. CO	ORDAÑO 4	City Administrator ALFRED S. ROMUALDEZ
	tion:		Chief Of Hospital	City Treas	K K	City Mayor

CHARGE TO: THE MAID HOSPITAL FEES

CHECKED AD TOUGPP.

) 111-24-31 2:65

nliu);

111-15/2011 12:30Pm RECEIVED

DATE: 11-23-21