



PURCHASE REQUEST
CITY GOVERNMENT OF TACLOBAN

[Handwritten Signature]

Department: CITY HEALTH OFFICE
Division: _____

PR No. 001-20
PR Date: May 17, 2022

Item No.	Qty	Unit of Issue	Item Description	Estimated Unit Cost	Estimated Cost
1	1	UNIT	PRINTER, with ink, 4 colors, best quality (Printer, Scanner, Photocopier)	11,000.00	11,000.00
TOTAL AMOUNT					11,000.00

Eleven Thousand Pesos Only.

CERTIFICATION
(For Non-Common Supplies & Equipment)
THIS IS TO CERTIFY that the price(s) herein indicated is/are within the market price.

GLORIA ENRIQUEZ - FABRIGAS, MD, MPH, MHA
OIC - CITY HEALTH OFFICER

Date _____

Purpose: FOR THE USE OF CHO MAIN OFFICE

Charges: DOH - LIPH TRUSTFUND

	A	B	C
	Requested by:	Cash Availability:	Approved by:
Signature:	<i>[Signature]</i>	300-DBH LIPH 2-02-01-000-4X P 11,000.00	By the Authority of the City M
Printed Name:	GLORIA ENRIQUEZ - FABRIGAS, MD, MPH, MHA	<i>[Signature]</i> ZOSIMA A. CORDAÑO	ATTY. ANACETO REI A. LAGANILAC City Administrator ALFRED S. ROMUALDE
Designation:	OIC - CITY HEALTH OFFICER	CITY TREASURER	CITY MAYOR

CITY ACCOUNTANT OFFICE
RECEIVED

TIME: 2:05 pm
DATE: 5/17/22

[Handwritten Signature]
B. SANTOS

