



PURCHASE REQUEST
CITY GOVERNMENT OF TACLOBAN

[Handwritten Signature]
4:00 PM

Department: CITY HEALTH OFFICE

PR No. _____

Division: _____

PR Date: _____

Item No.	Qty	Unit of Issue	Item Description	Estimated Unit Cost	Estimated Cost
1	2	UNIT	4 layered Lateral Steel Cabinet, Good Quality	17,800.00	35,600.00
					Thirty Five Thousand Six Hundred Pesos Only.
TOTAL AMOUNT					35,600.00

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 CHO MSC Office Use

Charges: DOH TRUSTFUND LIPH

	A	B	C
	Requested by:	Cash Availability:	Approved by:
<i>Signature:</i>	CERTIFIED included in the PPMP	300- DOH LIPH 2-02-01-050-55 35,600.00	By the Authority of the City Mayor
<i>Printed Name:</i>	GLORIA ENRIQUEZ – FABRIGAS, MD, MPH, MHA	ZOSIMA A. CORDAÑO	ATTY. ANACLETO REJA LACANLAWAN City Administrator ALFRED S. ROMUALDEZ
<i>Designation:</i>	OIC – CITY HEALTH OFFICER	CITY TREASURER	CITY MAYOR

CITY ACCOUNTANT OFFICE
RECEIVED
DATE: 5/23/12
TIME: 5:23 PM

[Handwritten Signature]
CITY ENGINEER

