

PURCHASE REQUEST

City Government of Tacloban

PR No. _____

Date: _____

Department: TACLOBAN CITY HOSPITAL

Division: Pharmacy, Dietary, X-ray and Admin section

Item No.	QTY	Unit of Issue	DESCRIPTION	ESTIMATED UNIT COST	ESTIMATED TOTAL COST
	5	units	Airconditioning Split Type, 2.5HP, inverter (Branded) with Free Installation	69,500.00	347,500.00
CERTIFICATION (For Non-Common Supplies & Equipment) THIS IS TO CERTIFY that the price(s) herein indicated is/are within the market price					
			<u>JOEDINA BALEOS-GUMAGAY, MD, MPH, CFP, MHA</u> Department Head for PH (Printed Name & Signature)	<u>06/14/2011</u> Date	Three Hundred Forty Seven Thousand Five Hundred Paces Only.
TOTAL AMOUNT					347,500.00

Purpose: For Tacloban City Hospital Use, Pharmacy, Dietary, X-ray and Admin section

Requested By: CERTIFIED included in the PPMP Signature : Printed Name: <u>JOEDINA BALEOS-GUMAGAY, MD, MPH, CFP, MHA</u> Designation: <u>Chief Of Hospital for PH</u>	Cash Availability: 300 - TCH MAIP Hospital Fee 2 - 01-01-00-11 P 347,500.00 <u>ZOSIMA A. CORDAÑO</u> City Treasurer City Treasurer's Office	Approved by: ALFREDO ROMAN Mayor
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CHARGE TO: TCH MAIP - HOSPITAL FEES