

PURCHASE REQUEST
AYUNGON
LGU

Department: RHU-Ayungon

Date: _____

Section: _____



Date: _____

Quantity	Unit of Issued	Item Description	Stock No.	Estimated Unit Cost	Estimated Cost
100	vials	Inactive purified rabies vaccine prepared on Vero cell line (VERORAB)		1,999.85	199,985.00

Sub Total

199,985.00

Purpose: Vaccine for Dog Catchers & Animal Bites

	Requested By:	Approved By:
Signature:		
Printed Name:	DR. IRVING P. DINGCONG	EMARIE F. AGUSTINO
Designation	Municipal Health Officer	Municipal Mayor