PURCHASE REQUEST
AYUNGON
LGU

PR No.: _____ Date: _____

Department: **DEPED-Ayungon District** SAI No.: _____ Date: _____

Section: **Ayungon District II** ALOBS No.: _____ Date: _____

Quantity	Unit of Issued	Item Description	Stock No.	Estimated Unit Cost	Estimated Cost
2	Unit	Split Type Aircon 1hP with Inverter	1	40,000.00	80,000.00
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		Sub Total			80,000.00

Purpose: Office Equipment for Ayungon District 1 & 2

Source of Fund: S.E.F

	Requested By:	Approved By:
Signature:		
Printed Name:	LEONIVEL L. SECUSANA PSDS	EMARIE F. AGUSTINO Municipal Mayor

PURCHASE REQUEST

AYUNGON

LGU

PR No.: _____ Date: _____

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		Sub Total			80,000.00

Purpose: Office Equipment for Ayungon District 1 & 2

Source of fund: S.B.F

	Requested By:	Approved By:
Signature:		
Printed Name:	LEONIVEL L. SECUSANA	EMARIE F. AGUSTINO
	PSDS	Municipal Mayor