PURCHASE REQUEST
AYUNGON
LGU

Department: MSWD OFFICE
Section: _____

PR No.: Date:
SAI No.: _____ Date:
ALOBS No.: _____ Date:

Quantity	Unit of Issued	Item Description	Stock No.	Estimated Unit Cost	Estimated Cost
1	unit	Office Table			P 15000
1	set	Office Sofa			*25,000.00*
20	sets	Office Curtain with cutain rod			30,000.00
2	units	Steel Cabinet			30,000.00
					P 100,000.00
				Sub Total	**P 100,000.00**

Purpose: use for MSWD Office
Unit.

	Requested By:	Approved By:
Signature:		
Printed Name:	**LORY G. AGUSTINO** MSWDO	**EMARIE F. AGUSTINO** Municipal Mayor