

# PURCHASE REQUEST

## AYUNGON

LGU


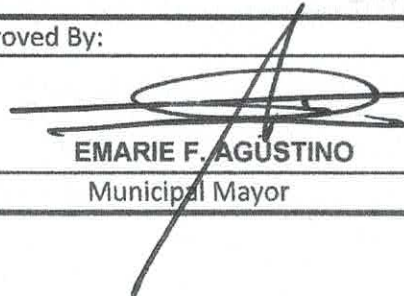
PR No.: \_\_\_\_\_ Date: \_\_\_\_\_  
Department: RHU-Ayungon SAI No.: \_\_\_\_\_ Date: \_\_\_\_\_  
Section: \_\_\_\_\_ ALOBS No.: \_\_\_\_\_ Date: \_\_\_\_\_

Quantity	Unit of Issued	Item Description	Stock No.	Estimated Unit Cost	Estimated Cost
603	boxes	Maternal powdered milk formula (267 grams)		248.59	149,899.77

**Sub Total**

**149,899.77**

Purpose: Supplementary Feeding for Postpartum Women.

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