



PURCHASE REQUEST
AYUNGON
LGU

Department: PR No.: _____ Date: Feb.24,2020
 Section: SAI No.: _____ Date: _____
 ALOBS No.: _____ Date: _____

Quantity	Unit of Issued	Item Description	Stock No.	Estimated Unit Cost	Estimated Cost
1,500	tabs	Biperidine 2mg		23.00	34,500.00
300	ampules	Fluphenazine Decanoate 2mg/ml		359.75	107,925.00
1,400	tabs	Risperidone 2mg		25.00	35,000.00
1,500	tabs	Chlorpromazine 100mg		15.00	22,500.00
					<u>199,925.00</u>

Sub Total

Purpose for use in Mental Health Program at Health Office, Ayungon, Negros Oriental.

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