
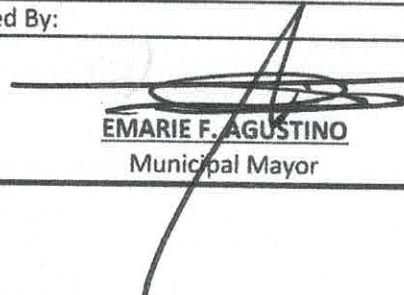


PURCHASE REQUEST
AYUNGON
LGU

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

Quantity	Unit of Issued	Item Description	Stock No.	Estimated Unit Cost	Estimated Cost
2	unit	Aircon Window Type 1.5HP Inverter XXXXXXXXXXXX		35,000.00	70,000.00
Sub Total					70,000.00

Purpose: For MDRRM Office use at Municipality of Ayungon Neg. Or.

	Requested By:	Approved By:
Signature:	 ENGR. DERRICK E. CHAVEZ	 EMARIE F. AGUSTINO
Printed Name:	MDRRMO	Municipal Mayor