PURCHASE REQUEST AYUNGON

| | | | LGU | | | | | |
|-------------------------|-------------------|----------------|-----------------------------------|--------|-----------------|------------------------|-----------------------------|--|
| Department: Section: | MSWD OFFICE | | PR No.: SAI No.: ALOBS No.: | | Date:Date:Date: | | | |
| Quantity | Unit of Issued | | Item Description | | Stock No. | Estimated Unit Cost | Estimated Cost | |
| 14 | unit | Wheel Chair | | | | | P 84,000.00 | |
| | | | | | | | | |
| | | | | | | ¢ | | |
| | | | | Sub To | otal | | P84,000.00 | |
| Purpose: | for Perso | on's with Disa | ability "PWD " use only | , | | | | |
| | | Requested | Requested By: Ap | | | Approved By: | | |
| Signature: | | | LORY G. AGUSTINO MSWDO | | | | F. AGUSTINO icipal Mayor | |