**PROPERTY ACKNOWLEDGMENT RECEIPT**

Entity Name: **ZAMBOANGA CITY MEDICAL CENTER**

PAR No: ${par\_num}

Fund Cluster:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Quantity | Unit | Description | Property Number | Date Acquired | Amount |
| ${qty} | ${unit} | ${desc} | ${newProperty} | ${acquisition\_date} | ${cost} |
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|  | NOTE | Invoice #:  PO #: ${po\_number}  ORS #:  PO Conformed:  IAR No: |  |  |  |
| Nursing Attendant II  Position/Office  Date  ***Received by:***  **ADRIAN AGCAOILI**  Signature over Printed Name | | | OIC - MMS  Position/Office  Date  ***Issued by:***  **JOHN MARY C. STA. TERESA**  Signature over Printed Name | | |

*(Adopted from Government Accounting Manual: Appendix 71)*