**PROPERTY ACKNOWLEDGMENT RECEIPT**

Entity Name: **ZAMBOANGA CITY MEDICAL CENTER**

Fund Cluster: PAR No.:

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| Quantity | Unit | Description | Property Number | Date Acquired | Amount |
| {name} |  |  |  |  |  |
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|  | NOTE |  |  |  |  |
| **Adrian A. Agcaoili**  Signature over Printed Name  Nursing Attendant II  Position/Office  Date  ***Received by:*** | | | **JOHN MARY C. STA. TERESA**  Signature over Printed Name  Nursing Attendant II  Position/Office  Date  ***Issued by:*** | | |

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