

## PURCHASE REQUEST

Entity Name: **CENTER FOR HEALTH DEVELOPMENT - I**

Fund Cluster:

Office/Unit:	Purchase Request No:			Date: 05/15/2023	
	Responsibility Center Code:				
Stock/ Property No.	Unit	Item Description	Quantity	Unit Cost	Total Cost
	pax	Meal and Snack (AM and Lunch)	14	350.00	4,900.00
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
<b>Source of Fund:</b> Petty Cash					
<b>TOTAL</b>					<b>4,900.00</b>
Purpose: For the use of MR OPV Command Conference Meeting					
Requested by:			Approved by:		
Signature: _____ Printed Name: <b>RODOLFO ANTONIO M. ALBORNOZ, MD, MPH, MDM, CESE</b> <i>RA</i> <b>PAULA PAZ M. SYDIONGCO, MD, MPH, MBA, CESO IV</b> Designation: <b>Director III</b> <b>Director IV</b>					

Accountable Officer:

**Dr. Veronica G. De Guzman**

Clearance (for the ff. if applicable)	Signature/Initial	Date
Procurement		
Warehouse (Office Supplies)		
Pharmacy and Therapeutics Committee (Drugs & Medicines)		
HEPU (IEC & other promotional materials)		
DIVISION CHIEF (Venue Rental and Catering Services)		
HRDU (Board & Lodging)		
HFEP (Medical/Dental/Hospital/Laboratory Equipment & Infra)		
ICT (IT Supplies and Equipment)		
GSS (Van Rental)		
Budget (Availability of Funds)		
TWG (Others, please include the name of TWG Member)		

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