



PURCHASE REQUISITION FORM

Department : LABORATORY CONSUMPTION

DATE : 10/02/2025

PR # : 23 0002621

ITEM CODE	DESCRIPTION	LAST DELIVERED		NEW REQUEST ORDER			TOTAL	B.O.H	REMARKS
		DATE	QTY	QTY	UNIT	UNIT PRICE			
2573	Rapi Stain Crescent Rapi Stain Crescent	07/28/2025	1	1	BOX	4,000.00	4,000.00	4	

Grand Total : 4,000.00

PURPOSE: MANUAL HEMA STAIN

Prepared by:

Approved by:


SHEENALYN . MAGLASANG

HOPSS/Administrator