

PURCHASE REQUEST					
Verified (per PPMP) by: _____					
Date: _____		Fund Cluster: _____			
Office/ Section : _____		PR No.: _____ Responsibility Center Code : _____		Date: _____	
Stock/ Property No.	Unit	Item Description	Quantity	Unit Cost	Total Cost
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		Total Estimated Cost:			-
Purpose:					
Signature over Printed Name Designation :	Requested by:		Recommending Approval:		Approved by: