

PURCHASE REQUEST

DATE: 11/10/2020
 TIME: 4:48
 REC'D. BY: [Signature]

Entity Name: _____

Fund Cluster: _____

Office/Section: ADMIN PR No.: 2020-11-2029 Date: November 9, 2020
 Responsibility Center Code: _____

Stock/ Property No.	Unit	Item Description	Quantity	Unit Cost	Total Cost
1	stabs	P.R. FORM (TriPLICATE copy/set, 100 sets/pad)	14	500.00	7,000.00
2	stabs	R.I.S (quadroplit 50 SETS/ STAB	15	500.00	7,500.00
3	stabs	I.A.R FORM 50 SETS / STAB **NOTHING FOLLOWS**	15	500.00	7,500.00

R.I.S no. Start at 23001
 I.A.R no. Start at 25001

See attached sample.

FINANCE MANAGEMENT DIVISION
FUNDS AVAILABLE
 BUDGET SECTION: [Signature]
 DATE: 11/10/2020
 CC: 1050001000000000 LEAST-DRT
 RA 11425 CAA 4 2020
 5026 3990.00

DSWD FIELD OFFICE VI
 BIDS & AWARDS COMMITTEE
 2020-11-09 09:50
 DATE PROC. [Signature]
 REC'D BY: [Signature]

ADA VERONICA C. GRECIA
 PDO III

Purpose: _____
Office Supply for the use of DSWD FO VI (procurement section)

Requested by: _____ Approved by: _____

Signature: [Signature] Signature: [Signature]

Printed Name: _____

Designation: RIVAN A. DE LA CRUZ Designation: MA. EVELYN B. MACAPOBRE, CESO III
CAO REGIONAL DIRECTOR

TOTAL 22,000.00