PURCHASE REQUEST

BOHOL LGU

DEPARTMENT:

CLARIN COMMUNITY HOSPITAL

4/24/22

SECTION:

OFFICE EQUIPMENT

| EGIIOIV. | | · · · · · · · · · · · · · · · · · · · | Office | | TRUE COCT | ТОТА | I COST |
|----------|------|---|--------|---|-----------|------------|-----------|
| TEM NO. | UNIT | ITEM DESCRIPTION | QTY. | | UNIT COST | TOTAL COST | |
| 1 | unit | Electric Water Dispenser (Tower Type, Hot and Cold) 3x Top Load 1x Bottom Load | 4 | ₽ | 13,000.00 | P | 52,000.0 |
| 2 | unit | Refrigerator 12 cu. Ft (Single Glass Door, with Thermal Indicator/ Temperature LED Display Panel) | 1 | ₱ | 40,000.00 | P | 40,000.0 |
| 3 | unit | Wall Fans (Heavy Duty) | 10 | ₽ | 6,000.00 | ₱ | 60,000.0 |
| | | | | | | | |
| | | | | | 31 | | |
| | | *****nothing follows**** | | | | | |
| TOTAL: | | | | | ₽ | | 152,000.0 |

PLACE OF DELIVERY:

TIME/PERIOD OF DELIVERY:

PURPOSE/REMARKS:

Requested By:

SIGNATURE:

PRINTED NAME:

DESIGNATION:

NOEL G. MANALO MD, RN, MPA CHIEF OF HOSPITAL

CLARIN COMMUNITY HOSPITAL

Within Fifteen (15) Days upon Receipt of Approved P.O.

To Purchase OFFICE EQUIPMENT for Hospital Use.

Cash Availability

Approved By:

EUSTACTIO A. SOCORIN PROVINCIAL TREASURER C

GOVERNOR

127,7