

		*****nothing follows*****			
TOTAL:				P	93,300.00

PLACE OF DELIVERY:
 TIME/PERIOD OF DELIVERY:
 PURPOSE/REMARKS:

CLARIN COMMUNITY HOSPITAL
 Within Five (5) Days upon Receipt of Approved P.O.
 To Purchase OFFICE EQUIPMENT for Hospital Use.

APPROVED
 BY AUTHORITY OF THE GOVERNOR

Requested By:

Cash Availability

Approved By:

SIGNATURE:
 PRINTED NAME:
 DESIGNATION:

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

ES
 EUSTAQUIO A. SOCORIN
 PROVINCIAL TREASURER

JA
 ASTERIA C. CABERTE
 PROVINCIAL ADMINISTRATOR
 ERICO ARISTOTLE C. AUMENTADO
 GOVERNOR

PROVINCIAL BUDGET OFFICE	
CONTROL NO. 119	REC'D BY <i>J</i>
	DATE 11/30/23
MARK NO. 442206	VALID UNTIL 12/31/23
EXPENSE CODE 10705020	AMOUNT 93,300.00
2022-019 GF	DATE 1/31/23
PETER R. S. [Signature]	

2022-021	RECEIVED BY <i>JA</i>	DATE 2/28/23
PC 2023-013		
93,300.00		