MHO

Appendix 47

PURCHASE REQUEST

LGU: MALITA **Fund:** _____

Department : MHO **PR No.:** 0204-305 **Date:** 04-25-25

Section: **FPP :**

Item No.	Unit	Item Description	QTY	Unit Cost	Total Cost
1	SET	SWELAB BOULE CONTROL 1X3X4 6ML	2	26,500.00	53,000.00
2	SET	BOULE CAL 2X3,0 ML	2	32,200.00	64,400.00
			TOTAL		117,400.00

Purpose: USE FOR LABORATORY EXPENSE

	Requested by:	Cash Availability:	Approved by:
Signature :			
Printed Name :	LIZELLE B. YUSON , MD,MPH	ELSIE C. OSTIQUE, MPA, REA	BRADLY L. BAUTISTA
Designation:	Municipal Health Officer	Municipal Treasuere	Municipal Mayor