



## PURCHASE REQUEST

Department: <b>Health Services</b>			P. R. No.:	Date: 12/16/2024	
Section:			SAI No.:	Date:	
			ALOBS No.:	Date:	
Item No.	Quantity	Unit Issue	Item Description(s)	Estimated Unit Cost	Estimated Cost
1	334	vials	Anti-rabies vaccine	1,200.00	400,800.00
				TOTAL	<b>P 400,800.00</b>
Purpose: <b>anti-rabies vaccine for Health services</b>					
Requested by:		Cash Availability:		Approved by:	
Signature					
Printed Name:		Printed Name:		Printed Name:	
<b>DR. MARY JOAN DJ. DINLASAN</b>		<b>MARTINIANO D. JAVIER</b>		<b>FERDINAND V. ESTRELLA</b>	
Designation		Designation		Designation	
City Health Officer		City Treasurer		City Mayor	



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