



## PURCHASE REQUEST

Fund Cluster: 01 Regular Agency Fund

Office/Section:		PR No.:			Date:	
		Responsibility Center Code:				
Stock/Property No.	Unit	Item Description	Quantity	Unit Cost	Total Cost	
				<b>TOTAL</b>		
Purpose: _____ _____ _____						
		Requested by:		Approved by:		
Signature: _____		_____		_____		
Printed Name: _____		_____		LAWRENCE V. MADRIAGA, PhD		
Designation: _____		_____		Director III		