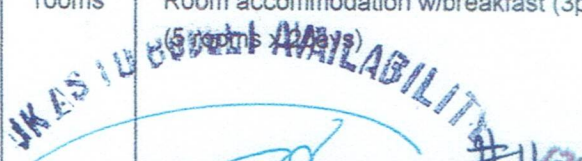


PURCHASE REQUEST WITH BAC

LGU: CITY GOVERNMENT OF CALAPAN Date: 7/13/2024 FUND: GENERAL FUND

Department: City Health and Sanitation Department PR No. 1197 Date: 07/11/2024
 Section: _____ FPP: _____

Item No.	Unit	Item Description	Quantity	Unit Cost	Total Cost
Lot 1: Tarpaulin and Souvenirs					
1	pcs	Tarpaulin (5 x 8)	3	650.00	1,950.00
2	pcs	Tarpaulin (2 x 5)	62	270.00	16,740.00
3	pc	Tarpaulin (8 x 16)	1	3,500.00	3,500.00
4	pcs	Souvenir Mugs	84	120.00	10,080.00
Sub-total 1					32,270.00
Lot 2: Supplies and Materials					
5	pcks	Photo Paper	20	170.00	3,400.00
6		Cambric Board	20	225.00	4,500.00
7		Parchment Paper	1	500.00	500.00
8		Cintra Board	100	225.00	22,500.00
9		Plaque (medium)	4	2,100.00	8,400.00
10		Plaque (large)	1	3,000.00	3,000.00
11		Certificate Holder	80	70.00	5,600.00
12		Token (for VIPs)	5	1,000.00	5,000.00
13		Token (for CNET)	10	500.00	5,000.00
Sub-total 2					57,900.00
Lot 3: Float Decoration					
14	lot	Float Decoration	1	40,000.00	40,000.00
Sub-total 3					40,000.00
Lot 4: Meals and Snacks / Stage Decoration					
15	pxs	Snacks (Orientation on Breastfeeding)	70	75.00	5,250.00
16	pxs	Snacks (Nutrition Month Launching)	250	75.00	18,750.00
17	pxs	Meals and Snacks (Culminating)	370	325.00	120,250.00
18	pxs	PM Snacks (Regional Nutrition Month)	250	75.00	18,750.00
19	lot	Stage Decoration	1	5,000.00	5,000.00
Sub-total 4					168,000.00
Lot 5: Room Accommodation					
20	rooms	Room accommodation w/breakfast (3pxs) (5 rooms x 2 days)	5	5,100.00	25,500.00
Sub-total 5					25,500.00
Sub-total 1					32,270.00
Sub-total 2					57,900.00
Sub-total 3					40,000.00
Sub-total 4					168,000.00
TOTAL					323,670.00


LORIETA R. A. GALICIA #116
 HEALTH & NUTRITION PROG

Purpose: To be used for Nutrition Month Celebration: "PPAN: Sama-sama sa Nutrisyong Sapat Para sa Lahat!" cum Awarding Ceremony.

Requested by:	Cash Availability:	Approved by:
Signature: _____	Signature: _____	Signature: _____
Printed Name: BASILISA M. LLANTO, MD	Printed Name: NICASIO D. CATAPANG	Printed Name: MARLOU F. MORILLO
Designation: City Health Officer	Designation: City Treasurer	Designation: City Mayor
Date: _____	Date: _____	Date: _____

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