PURCHASE REQUEST

Date: 8 2 2024

partment: ction:	City Health	and Sanitation Department	PR No. FPP:		Date: <u>()</u>	01/2024
m No. U	nit	Item Description		Quantity	Unit Cost	Total Cost
	ot P	reventive, maintenance and calib f mobile clinic xecute Hardware Maintenance Execute System Maintenance Software Update (Remote Access Radiographic Exposure Test Image Integrity Test Pheripherals Connectivity Test Generate X-ray Test	TOTAL	1	85,000.00	85,000.00 85,000.00
Purpos Signature: Printed Nam Designation:	Requesto	zation and maintenance of CHSD ed by: Cash A SILISA M. LLANTO, MD City Health Officer	Mobile Clinic.	TAPANG	Approved by: MARIVOUT	. MORILLO