**PURCHASE REQUEST**

**Entity Name:**

**Fund Cluster:**

<table>
<thead>
<tr>
<th>Stock/Property No.</th>
<th>Unit</th>
<th>Item Description</th>
<th>Quantity</th>
<th>Unit Cost</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>piece</td>
<td>Cover-All</td>
<td>350</td>
<td>1,600.00</td>
<td>560,000.00</td>
</tr>
</tbody>
</table>

**Responsibility Center Code:**

**Date:** March 23, 2020

**Purpose:** For the use of CALABARZON (COVID 19)

**Requested by:**

**Approved by:**

**Signature:**

**Printed Name:**

**Designation:**

**Telephone No.:** 438-6911