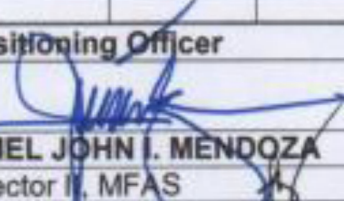

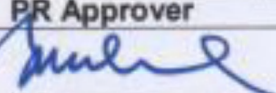


PURCHASE REQUEST

Office:		MFAS		PR No.: <u>2020-03-107</u> <i>28 May 2020</i>	
Division/Section:		SAI No.:			
Item No.	Unit	Item Description	QTY	Unit Cost	Total Cost (PhP)
1	pc	Personal Protective Equipment (PPE) suit/coverall with print (as per attached Annex A) xxxxxxxxnothing followsxxxxxxxx	500	600.00	300,000.00
TOTAL					300,000.00
Signature:		Requisitioning Officer 			
Printed Name:		CAPT. ROMMEL JOHN I. MENDOZA Director II, MFAS			
Purpose:		For the official use of MARINA Central Office and Regional Office's frontliners.			
CERTIFICATION					
<input type="checkbox"/> FUNDS AVAILABLE <input type="checkbox"/> NO FUNDS AVAILABLE		 RALPH A. NARVAEZ OIC, Budget Division			
		<input type="checkbox"/> Approved		<input type="checkbox"/> Disapproved	
Signature:		PR Approver 			
Printed Name:		VADM ROBERT A EMPEDRAD AFP (Ret)			
Designation		Administrator			
<i>Note: Please indicate specific purpose other than "for official use of the Office." (e.g. monthly regular supplies, as per APP, special projects, etc.)</i>					

Answer A

PPE Suit/Coverall with print Specifications:	
1. Fabric	Microfiber or Ripstop
2. Color White with print	pls. see attached layout
3. Auto clavable	Yes
4. Reusable	Yes
5. Water repellent	Yes
6. Hospital-approved	Must
7. Quantity	500 pcs.
8. With Sizes	Yes (Small to XL)
9. Payment Mode	15 days thru Check/ Advice to Debit Account
10. Delivery Period	Within fourteen (14) calendar days upon confirmation of Purchase Order (PO)
11. ABC inclusive of all taxes	P300,000.00 (P600.00 x 500 pcs.)

Annex A-1

