Appendix 60

PURCHASE REQUEST

Entity Name: **Bureau of Agricultural Research** **Fund Cluster:** **Regular Agency Fund**

Office/Section : Admin		**PR No.:** 2021-01-73 **Responsibility Center Code :** _____		**Date: Jan. 29, 2021**	
Stock/Property No.	**Unit**	**Item Description**	**Quantity**	**Unit Cost**	**Total Cost**
	pcs	Face shield with eyeglass frame	145	20.00	2,900.00
	box	Vitamins C (100 tab/box)	145	500.00	72,500.00
	box	Surgical Mask 3-ply	290	100.00	29,000.00
		******nothing follows******			
					104,400.00

Purpose: For BAR staff medical kit

	Requested by:	Approved by:
Signature :		
Printed Name :	JOELL H. LALES	VIVENCIO R. MAMARIL, Ph. D.
Designation :	OIC, Assistant Director	Director