

PURCHASE REQUEST FORM

Date Requested

Date Completed: ___ / ___ /2009

Please X on:

- Emergency – 24 Hours**
- Critical – 3 Days
- Routine – 7 Days

Please X on your requested items:

- Stationary
- Computer Accessories
- Consumable
- Printing
- Utilities
- Others (Please verify):

SN	Description	W/H Stock	Quantity	Remarks
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				
11				
12				

Requested by: Signature: _____ Ext. #:

Department Head Approval

Checked by: PURCHASE OFFICER

Approved by: FINANCE DEPT

