NAME AND ADDRESS OF REQUESTING AGENCY: Department of Education Division Office, Baguio City	AGENCY ACCT. CODE:
TEL. NO.: 442-7819	AGENCY CONTROL NO.:
AGENCY PROCUREMENT REQUEST	PS APR No.:

To: THE PROCUREMENT SERVICE
Regional Depot - CAR
Baguio City
4468139

_____
(Date Prepared)

PLEASE CHECK (/) APPROPRIATE BOX ON ACTION REQUESTED ON THE ITEM/S LISTED BELOW

[ ] Please issue common-use supplies/materials per Price List No. _____ dated _____
Mode of delivery: [ ] Pick-up (Fast Lane) [ ] Pick-up (Schedule) [ ] Delivery (door-to-door)

In case fund is not sufficient: [ ] Reduce Quantity [ ] Bill Us [ ] Charge to Unutilized Deposit, APR No.: _____Date:_____

[ ] Please purchase for our agency non-common items. Attached herewith:
[ ] Complete Specifications [ ] Obligation equest (ObR) [ ] Others, pls. specify _____
[ ] Certificate of Budget Allocation (CBA) [ ] Payment _____

	ITEM	QTY.	UNIT	UNIT PRICE	AMOUNT
	N othing Follows				
TOTAL					-

PURPOSE:

MUST BE OVER PRINTED NAME

STOCKS REQUESTED ARE CERTIFIED TO BE WITHIN APPROVED PROGRAM:	**FUNDS CERTIFIED AVAILABLE:**	**APPROVED:**
SOFIA G. BERMUDEZ **Administrative Officer IV - Supply Officer**	**LILIBETH G. DEGSI, CPA** **Agency Accountant**	**FEDERICO P. MARTIN, EdD,CEdD, CESO V** **Agency Head**

[ ] Funs Deposited with PS [ ] _____ Check No.
Bank in the amount of _____
_____(P_____) enclosed.

downloadable at www.dbm.gov.ph/CAR

pjn