NAME AND ADDRESS OF REQUESTING AGENCY		AGENCY			
		ACCT. CODE			
		AGENCY CONTROL NO.			
AGENCY PROCUREMENT REQUEST		PS APR No.			
To. THE PROCUREMENT SERVICE					
DBM Compound, RR Road					
Cristobal St., Paco Manila					

ACTION REQUESTED ON THE ITEM LISTED BELOW

[ ] Please furnish with us the Price Estimate (for office equipment/furniture & supplementary items)

[ ] Please purchase for our agency/furniture/supplementary items per you Price Estimate

(PS RAD No. _____attached) dated _____

[ ] Please issue common-use supplies/materials per price list as of _____

[ ] Please issue Certificate or Price Reasonableness

[ ] Please furnish us with your latest/updated Price List

[ ] Other (Specify) _____

IMPORTANT!! PLEASE SEE THE INSTRUCTION/CONDITIONS AT THE BACK OF ORIGINAL COPY

ITEM No.	ITEM AND DESCRIPTION/SPECIFICATIONS/STOCK NO.	QTY	UNIT	UNIT PRICE	AMOUNT
1					
2					
3					
4					
5					
6					
7					
7					
					-

STOCKS REQUESTED ARE CERTIFIED TO BE WITHIN THE APPROVED PROGRAM:	FUNDS CERTIFIED AVAILABLE	APPROVED:
Supply Officer	Accountant	Authorized Agency Head

[ ] FUNDS DEPOSITED WITH PS [ ] _____ CHECK No. _____

IN THE AMOUNT OF_____ (P _____) ENCLOSED