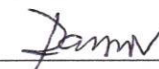



PURCHASE REQUEST

Entity Name: National Book Development Board

Fund Cluster: 01

Office/Section: A&F		PR No.: 2021 168 Responsibility Center Code : _____		Date: Nov. 29, 2021	
Stock/ Property No.	Unit	Item Description	Qty	Unit Cost	Total Cost
	pc	Antigen Test Kit (Nasal/ Swab-type)	400	165.00	66,000.00
		1. The following documents MUST BE submitted together with the quotation:			
		Updated copy of PhilGEPS registration, 2021 Mayor's/ Business Permit, and Omnibus Sworn Statement together with the quotation.			
		Failure to submit the above-mentioned documents is outright disqualification from the bidding process.			
		2. Payment should be under Government terms (gross amount).			
		3. Payment is bank-to-bank, preferably Landbank. Otherwise, interbank charges will be shouldered by the supplier.			
					66,000.00
Purpose: Intended for monitoring of health status among employees/ daily operations					
Requested by:			Approved by:		
Signature : 					
Printed Name : JAYSON B. RAMOS			CHARISSE AQUINO-TUGADE		
Designation : AO-V (Supply Officer III)			Executive Director 