

LA SALLE UNIVERSITY OZAMIZ, INC.

MATERIAL/SERVICE REQUISITION FORM

Date Prepared: _____

Form: PR01-PO (2018)

Department/Unit: _____	<input type="checkbox"/> Repairs <input type="checkbox"/> Office supplies <input type="checkbox"/> Lab supplies <input type="checkbox"/> Service <input type="checkbox"/> Books & periodicals <input type="checkbox"/> Other _____
Purpose: _____	
Date Required: _____	Fund name (if any): _____

(Date required must be a date. Do not use "ASAP" or "RUSH". Generally, allow at least two weeks purchasing lead time.)

Description of Material / Service	Budget Ref.	Qty.	Unit Cost	Amount
Totals				
Within budget:	Outside budget:		Grand total	-

Comments on quality requirements: _____

Noted by:	Recommending approval Name: _____ Title: _____	Approved by: Name: Elsie L. Dajao, DA Title: Chancellor
Name: _____	Name: Rose Aimee Mangao	Name: Elsie L. Dajao, DA
Title: _____	Title: Controller	Title: Chancellor

Prepare in duplicate. Copy 1: Purchasing Office (to be attached to PO). Copy 2: Requisitioning Department/Unit.

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