PURCHASE REQUEST
University of Southeastern Philippines

Department: _____ PR No.: _____ Date: _____
Section: _____ SAI No.: _____ Date: _____

Stock No.	Unit	Item Description	Quantity	Unit Cost	Total Cost

Purpose: _____

Signature:	Requested by:	Approved by:
Printed Name:	**[Unit Head / Dean / Director]**	**DR. RODULFO C. SUMUGAT**
Designation:		VP for Administration