



REQUISITION SLIP FOR PRINTING

INSTRUCTION: Fill out appropriate items and/or check in appropriate boxes.

Date filed: _____

Nature of Work Needed:

Tarpaulin Printing Book/Manual/Manuscript Printing Other Service (specify) _____

Requested by: _____ Office/Unit & Designation: _____

Item No.	Description	QTY	Amount	Charge Funds
				Regular Agency Fund (101)
				Business Related Fund (161)
				Internally Generated Fund (164)
				Trust Receipt Fund/Inter-Agency Transferred Fund (184)
				(Others)
Total				
Content Checked by:		Layout checked by:		Approved by:
DR. SONIA R. LOW Director, PICO/ARO		JOEY ARLES O. VERGARA Director, CSUP		DR. ARMIE LEILA M. MORDENO VPAF & CAO
				Acknowledged by: (supplier)
				(Printed name & Signature)

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