

### PURCHASE REQUEST

Entity Name: **Civil Service Commission - Central Office** Fund Cluster: **Regular Agency Fund**

Office/Section : <b>IRMO</b>		PR No.: <u>2022-03-026</u>	Date: <u>MARCH 7, 2022</u>		
Responsibility Center Code : _____					
Stock/ Property No.	Unit	Item Description	Quantity	Unit Cost	Total Cost
	Unit	Paper Shredder (shred size 0.78x11; sheet capacity 10-72 sheets; waste bin capacity 205 L Dimension (WXDXH)700x592x1025 xxxnothing followsxxx	1	200,000.00	

**PURPOSE:** for use in the operation of the Integrated Records Management Office

Requested by:	Approved by:
Signature : 	
Printed Name: <b>EDWIN C. PAJARES</b>	<b>NOREEN BOOTS G. GRAGAS</b>
Designation : Chief Human Resource Specialist	Director III, IRMO

\_\_\_\_\_  
 I hereby certify that the information provided in the  
 purchase request is true and correct and is complete  
 and accurate.

\_\_\_\_\_  
 Received By: JOANNE  
 Date: 3/7/22 Time: 9:56 Am