



**De La Salle University
Procurement Office**

Campus Services Group
ORDER SLIP

Date: _____

Office: _____

Charged to: _____

(Account No.)

Item No.	Item	Qty	Unit Price	Amount
TOTAL			Php	

REQUESTED BY:

 Signature Above Printed Name

APPROVED BY:

 OFFICE HEAD
 Signature Above Printed Name

FOR IMO USE No. _____
 Date & Time Received: _____

(Accomplish in duplicate)