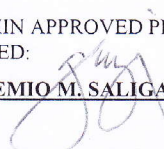
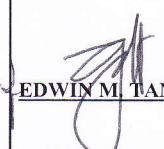
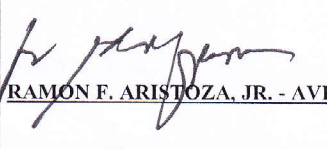


NAME AND ADDRESS OF REQUESTING PHILIPPINE HEALTH INSURANCE CORPORATION Plaza de Español Bldg., Posadas-Abad Santos Sts.		AGENCY ACCT. CODE				
AGENCY Koronadal City		AGENCY CONTROL No.				
AGENCY PROCUREMENT REQUEST		PS APR No. 12-1509				
To: THE PROCUREMENT SERVICE DBM Compound, RR Road Cristobal St., Paco Manila						
6/13/2012 (Date Prepared)						
ACTION REQUESTED ON THE ITEM LISTED BELOW						
<input type="checkbox"/> Please furnish us with the Price Estimate (for office equipment/furniture & supplementary items) <input type="checkbox"/> Please purchase for our agency the equipment/furniture/supplementary items per your Price Estimate (PS RAD No. _____ attached) dated _____, _____. <input checked="" type="checkbox"/> Please issue common-use supplies/materials per price as of _____, _____. <input type="checkbox"/> Please issue certificate or Price Reasonableness <input type="checkbox"/> Please furnish us with your latest/updated Price List <input type="checkbox"/> Others (Specify) _____						
No.	Item	Description	Qty	Unit	Unit Price	Amount
1	ITS-0028 RIBBON ...	RIBBON FOR EPSON LQ2180 PRINTER	4	CART	763.25	3,053.00
Total P						PhP3,053.00
NOTE: ALL SIGNATURES MUST BE OVER PRINTED NAME						
STOCK REQUESTED ARE CERTIFIED TO BE WITHIN APPROVED PROGRAM: SIGNED:  <u>ARTEMIO M. SALIGAN-Fiscal Clerk III</u> AGENCY PROPERTY SUPPLY OFFICER		FUNDS CERTIFIED AVAILABLE:  <u>EDWIN M. TANTERAS - Fiscal Controller IV</u> AGENCY CHIEF ACCOUNTANT		APPROVED:  <u>RAMON F. ARISTOZA, JR. - AVP PRO XII</u> AGENCY HEAD/AUTHORIZED SIGNATURE		
<input type="checkbox"/> FUND DEPOSITS WITH PS <input type="checkbox"/> _____ CHECK No. _____ IN THE AMOUNT OF: _____ (P _____) ENCLOSED						