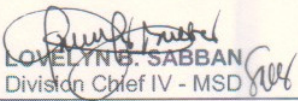




NAME & ADDRESS OF REQUESTING AGENCY TELEPHONE NOS.:	PHILHEALTH REGIONAL OFFICE 02 The Builders Place, Del Rosario St., Tuguegarao City (078)846-1111 Fax No. (078)846-1111 local 202	AGENCY ACCT. CODE: <u>X203</u> AGENCY CONTROL NO.: <u>1270054</u> PS APR NO.: <u>12-1903</u>			
AGENCY PROCUREMENT REQUEST					
To: THE PROCUREMENT SERVICE DBM Compound, RR Road, Cristobal St., Paco, Manila		July 27, 2012 (Date Prepared)			
ACTION REQUESTED ON THE ITEM LISTED BELOW					
<input checked="" type="checkbox"/> Please issue common-use supplies/materials per Price List No. _____, dated _____ Mode of delivery: <input type="checkbox"/> Pick-up (Fast Lane) <input type="checkbox"/> Pick-up (Schedule) <input type="checkbox"/> Delivery (door-to-door) In case fund is not sufficient: <input type="checkbox"/> Reduce Quantity <input type="checkbox"/> Bill Us <input type="checkbox"/> Charge to Unutilized Deposit, APR No.: _____ Date: _____ <input type="checkbox"/> Please purchase for our agency non-common items. Attached herewith: <input type="checkbox"/> Complete Specifications <input type="checkbox"/> Obligation Request (ObR) <input type="checkbox"/> Others, pls. specify _____ <input type="checkbox"/> Certificate of Budget Allocation (CBA) <input type="checkbox"/> Payment _____					
IMPORTANT! PLEASE SEE THE INSTRUCTIONS/CONDITIONS AT THE BACK HEREOF					
ITEM #	ITEM & DESCRIPTION/SPECIFICATIONS/STOCK #	QTY	UNIT	Unit Price	AMOUNT
1	PAPER, multicopy, for laser/ink-jet printer, A4	500	Ream	121.50	60,750-
2	TONER CARTRIDGE, CC364A, original, for HP Laserjet 4015n	29	Cart	6,510.00	188,790-
TOTAL AMOUNT					249,540-
NOTE: ALL SIGNATURES MUST BE OVER PRINTED NAME					
STOCKS REQUESTED ARE CERTIFIED TO BE WITHIN APPROVED PROGRAM: <div style="text-align: center;">  LOVELYNE S. SABBAN Division Chief IV - MSD </div>		FUNDS CERTIFIED AVAILABLE: <div style="text-align: center;">  LILIA C. QUINTO Fiscal Controller IV - FMS </div>		APPROVED: <div style="text-align: center;">  OSCAR B. ABADU, JR. Regional Vice President </div>	
<input type="checkbox"/> FUNDS DEPOSITED WITH PS <input type="checkbox"/> CHECK No.: _____ IN THE AMOUNT OF: _____ (Php _____) ENCLOSED					