



Agency Procurement Request

Philhealth Control No.:

Agency Name	PHILIPPINE HEALTH INSURANCE CORPORATION	APR Number	2015-011
Address	10th Floor, Rm. 1002 Citystate Center 709 Shaw Blvd., Brgy Oranbo Pasig City, Metro Manila 1601	Ordered Date	May 5, 2015
Depot Name		Status	

Shipping Information

Items for Delivery:

Address: 15th Floor, Rm. 1501 Citystate Center 709 Shaw Blvd., Brgy Oranbo Pasig City, Metro Manila 1600

[illegible]

Remarks:	For PR No. 15-0427 (Health Informatics)
----------	---

Ordered by: **JOCELYN J. MAGSALIN**

STOCKS REQUESTED ARE CERTIFIED TO

BE WITHIN APPROVED PROGRAM:

FUNDS CERTIFIED AVAILABLE:

APPROVED:

ELY E. ROXAS

Administrative Officer III
AGENCY PROCUREMENT HEAD

JUVY D. BALOLONG

OIC-Division Chief, AICD
Comptrollership Department
AGENCY CHIEF ACCOUNTANT

CYNTHIA D. CORVITE
OIC-CIO,

OIC-CIO.

ISRAEL FRANCIS A. PARGAS, M.D.

OIC-VP, Corporate Affairs Group

ALEXANDER A. PADILLA
President and CEO

COB		TRUST FUND:	
PPA	EXP CODE	MFO CODE	AMOUNT
TFI	238-20	244	\$17,385,024.22

Total ~~17,385,074.22~~

Fre 5/14



Official Receipt
of the
Republic of the Philippines

No. 147518

Date 05/29/2015

Agency
Procurement Service
Department of Budget & Management

Fund
161

Payor PHILIPPINE HEALTH INSURANCE
CORPORATION

Payor Code
X096

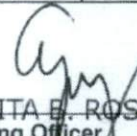
Nature of Collection	Account Code	Amount
Payment for APR# 15-0098-S		P 17,385,074.22
TOTAL		P 17,385,074.22

Amount in Words

Philippine Peso Seventeen Million Three Hundred Eighty Five
Thousand Seventy Four And 22/100 Only

<input type="checkbox"/> Cash	Drawee Bank	Number	Date
<input checked="" type="checkbox"/> Check	LBP-Pasig Capitol	44699	05/28/15
<input type="checkbox"/> Money Order			

Received the amount stated above


ANGELITA B. ROSARIO
Collecting Officer

NOTE: Write the number and date of this receipt on
the back of check or money order received