FORM revised						_		FORM NO. 001-B	
ENCY NAME		PHILIPPINE HEALTH . RANCE CORPORATION			AGENICY CONTROL NO. 100 # 2015 0188				
DRESS		10/F CITYSTATE CENTRE, 709 SHAW BLVD., BGY. ORANBO, PASIG			8/27/20NT				
NOS.		AGENCY PROCUREMENT REQUEST			PS APR No.				
77996		AGENCY PROCUREIVIE	NI REQUEST	-		F3 AFR NO.	<u> </u>		
THE PROCUI	REMENT S	ERVICE					POTO (23344	
DBM Compo									
Cristobal St.	, Paco, Ma	inila							
PLEASE INDI	ICATE (X) A	APPROPRIATE BOX ON ACTIO	ON REQUESTED ON THE ITE	MS LI	STED BELOV	V -			
		- ti - /ti-l	a as indicated below						
[] Please	e issue con	nmon-use supplies/material very: [] Pick-up (Fast Lane)	[] Pick-up (Schedule) []	Sche	duled Delive	ry on			
In	case fund i	s not sufficient: [] Reduce				sit, APR No.:		esaction data	
			(* Plea	ase verity wi	th PS-Accountin	g prior to your tran	isaction date)	
						BIG BOX			
ITEM C	CODE	ITEM DESCRIPTION/SPECIFICATIONS					UNIT PRICE(as of	ANADUNT	
I TEM CODE					QTY	UNIT	06/09/2015)	AMOUNT	
1 14111507-	-PP-M01	PAPER, MULTICOPY, 80g	sm, size: 210mm x 297m	m	13	box	589.15	7,658.9	
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WITHIN AP	PROVED	PROGRAM:				:	. (
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ELY E. ROXAS			LILIA R. GARRIDO			CHERIE CARMEN B. DIVINA			
		Y/SUPPLY OFFICER	AGENCY CHIEF ACCOUNTANT			AGENCY HEAD/AUTHORIZED SIGNATURE			
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	חבר חברות	ITED WITH PS []	CHECK NO						
[] FUN	IDS DEPOS	TIED WITH PS []	CHECK NO.						