

AGENCY PROCUREMENT REQUEST

PS APR No.

PLEASE INDICATE (X) APPROPRIATE BOX ON ACTION REQUESTED ON THE ITEMS LISTED BELOW

Mode of delivery: ☐ Pick-up (Fast Lane) ☐ Pick-up (Schedule) ☐ Scheduled Delivery on _____

In case fund is not sufficient: ☐ Reduce Quantity ☐ Charge to Unutilized Deposit, APR No.: _____ Date: _____

(* Please verify with PS-Accounting prior to your transaction date)

FOR THE LATEST PRICES AND DETAILED SPECIFICATIONS, PLEASE REFER TO THE ELECTRONIC CATALOGUE @ www.procurementservice.gov.ph/www.philgeps.gov.ph

For verification of balances, call PS-Acctg Division @ Tel. Nos. (02) 563-9351 or email us at accounting@procurementservice.gov.ph

NOTE: ALL SIGNATURES MUST BE OVER PRINTED NAME

FUND CERTIFIED AVAILABLE:

APPROVED:

CHERIE CARMEN B. DIVINA

~~AGENCY CHIEF ACCOUNTANT~~

AGENCY HEAD / AUTHORIZED SIGNATURE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

☐ FUNDS DEPOSITED WITH PS ☐

CHECK No.

IN THE AMOUNT OF: **PAGE 1**

(P) ENCLOSED

PAID