

NAME AND ADDRESS OF PHILIPPINE HEALTH INSURANCE CORPORATION  
 REQUESTING AGENCY 10/F CITYSTATE CENTRE, 709 SHAW BLVD. PASIG CITY  
 TEL. NOS. 6373158

AGENCY CODE X096  
 AGENCY CONTROL No. APR #2015-026

## AGENCY PROCUREMENT REQUEST

PS APR No.

PS/505251

OCTOBER 20, 2015

(Date Prepared)

To: PROCUREMENT SERVICE  
 DBM Compound, RR Road  
 Cristobal St., Paco, Manila

PLEASE CHECK (✓) APPROPRIATE BOX ON ACTION REQUESTED ON THE ITEM/S LISTED BELOW

☐ Please issue common-use supplies/materials per Price List No. \_\_\_\_\_ dated \_\_\_\_\_  
 Mode of delivery: ☐ Pick-up (Fast Lane) ☐ Pick-up (Schedule) ☐ Delivery (door-to-door)

In case fund is not sufficient: ☐ Reduce Quantity ☐ Bill Us ☐ Charge to Unutilized Deposit, APR No.: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Please purchase for our agency non-common items. Attached herewith:

☐ Complete Specifications ☐ Obligation Request (ObR) ☐ Others, pls. specify \_\_\_\_\_

☐ Certificate of Budget Allocation (CBA) ☐ Payment \_\_\_\_\_

This form shall be prepared for requisitions of **Common-Use goods** from the **PS Depots & Sub-Depots**; and for orders of **Consumables & Non-Common Use Supplies** from the PS Main.

For PS Main-Common Use Supplies, please use Form 001 R or Form 001 B

ITEM No.	ITEM AND DESCRIPTION/SPECIFICATIONS/STOCK No.	QUANTITY	UNIT	UNIT PRICE	AMOUNT
1	INK CART, BROTHER LC67B, Black / 44103105-BR-B04	16	ca	910.00	14,560.00
2	INK CART, BROTHER LC67C, Cyan / 44103105-BR-C04	2	ca	546.00	1,092.00
3	INK CART, BROTHER LC67M, Magenta / 44103105-BR-M04	2	ca	546.00	1,092.00
4	INK CART, BROTHER LC67Y, Yellow / 44103105-BR-Y04	3	ca	546.00	1,638.00
5	INK CART, HP CC653AA, (HP901), Black / 44103105-HP-B38	1	ca	634.40	634.40
TOTAL AMOUNT ₱					19,016.40

DEPART. \_\_\_\_\_  
 PROCUREMENT SERVICE  
 O.R. No. 151446  
 Date: 12/2/16  
 By: 19.016.40

NOTE: ALL SIGNATURES MUST BE OVER PRINTED NAME

STOCKS REQUESTED ARE CERTIFIED TO BE  
 WITHIN APPROVED PROGRAM:

ELY E. ROXAS

AGENCY PROPERTY/SUPPLY OFFICER

FUNDS CERTIFIED AVAILABLE:

LILIA R. GARRIDO

AGENCY CHIEF ACCOUNTANT

APPROVED:

CHERIE CARMEN B. DIVINA

AGENCY HEAD/AUTHORIZED SIGNATURE

☐ FUNDS DEPOSITED WITH PS ☐ CHECK No. \_\_\_\_\_

IN THE AMOUNT OF:

/2

ENCLOSED