

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

AGENCY T. CODE ~~A096~~
 AGENCY CONTROL No. APR #2015-027

AGENCY PROCUREMENT REQUEST

PS APR No.

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

21-Oct-15
 (Date Prepared)

PLEASE CHECK (V) 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, HP C6578DA, (HP78), Tri-color / 44103105-HP-T23	26	ca	1,513.20	39,343.20
2	INK CART, HP CZ107AA, (HP678), Black / 44103105-HP-B33	7	ca	357.76	2,504.32
3	INK CART, HP CZ108AA, (HP678), Tricolor / 44103105-HP-T33	7	ca	360.88	2,526.16
4	TONER CART, HP Q7553A, Black / 44103103-HP-B48	2	ca	3,763.76	7,527.52
5	TONER CART, HP CC364A, Black / 44103103-HP-B15	68	ca	7,321.60	497,868.80
6	INK CART, HP CN045AA, (HP950XL), Black / 44103105-HX-B43	18	ca	1,542.32	27,761.76
7	INK CART, HP CN046AA, (HP951XL), Cyan / 44103105-HX-C43	5	ca	1,144.00	5,720.00
8	INK CART, HP CN047AA, (HP951XL), Magenta / 44103105-HX-M43	5	ca	1,144.00	5,720.00
9	INK CART, HP CN048AA, (HP951XL), Yellow / 44103105-HX-Y43	6	ca	1,144.00	6,864.00
TOTAL AMOUNT					595,835.76

NOTE: ALL SIGNATURES MUST BE OVER PRINTED NAME

STOCKS REQUESTED ARE CERTIFIED TO BE WITHIN APPROVED PROGRAM:

FUNDS CERTIFIED AVAILABLE:

APPROVED:

ELY E. ROXAS

AGENCY PROPERTY/SUPPLY OFFICER

VALERIE E. ROXAS, OFF
 AGENCY HEAD/AUTHORIZED SIGNATURE

CHERIE CARMEN B. DIVINA

AGENCY HEAD/AUTHORIZED SIGNATURE

☐ FUNDS DEPOSITED WITH PS ☐ CHECK No. _____
 IN THE AMOUNT OF: _____

(P)

WAD DEC 7 15 PM 4:01
 ENCLOSED