PR	ORM revised May 201						FORM NO. 001-B	
AGENCY NAME PHILIPPINE HEALTH INSURANCE CORPORATION					AGENCY ACCOUNT CODE X096			
DD	RESS	Citystate Center Bldg., 709	Shaw Blvd., Pasig	AGENCY CONTROL NO. APR No. 2016 - 0001				
EL.	NCS.	637-3158, 441-7444 local 7					2119/110	
		AGENCY PROCUREMEN	T REQUEST		PS APR No.	- h	7/1/10	
o:	(X) Please issue co	Road anila APPROPRIATE BOX ON ACTION mmon-use supplies/materials	N REQUESTED ON THE ITEMS L			P 160	332()	
		is not sufficient: [] Reduce Q	[] Pick-up (Schedule) [X]Sche quantity [X] Charge to Unu (* Ple	ıtilized Deposit	, APR No.: _	Date: ng prior to your transa	ction date)	
			BIG BOX					
	ITEM CODE	ITEM DESCRIPTIO	N/SPECIFICATIONS	QTY	UNIT	UNIT PRICE(as of 03/30/2016)	AMOUNT	
1	44122008-IT-T01	INDEX TAB		1	pack	2,542.00	2,542.00	
2	14111514-NP-S03	NOTEPAD, 3X3		21	pack	486.48	10,216.08	
3	14111514-NP-S04	NOTEPAD, STICK-ON, 3X4		47	pack	648.72	30,489.84	
				1	Z May a			
				1	MAY 20	6		
					1			
				TOTAL ORI	DERED AM	OUNT	43,247.9	
-	FOR THE LATEST P	PRICES AND DETAILED SPECIFICATION	IS, PLEASE REFER TO THE ELECTRONIC					
	For	verification of balances, call PS-Acci	tg Division @ Tel. Nos. (02) 563-935	l or email us at a	accounting@pr	ocurementservice.gov.ph		
-			OTE: ALL SIGNATURES MUST BE OV					
STOCKS REQUESTED ARE CERTIFIED TO WITHIN APPROVED PROGRAM:		PROGRAM:	FUNDS CERTIFIED AVAILABLE:		APPROVED:			
	ELY E. ROXAS			LELIA/6. GARRIDOER		CHERIE CARMEN B. DIVINA		
					AGENCY HEAD/AUTHORIZED SIGNATURE			
			AGENCY CHIEF ACCOU	MITABIT	ACCE	ICY HEAD/ALITHODI	ZED SIGNATURE	