APR	ORM revised May 20	15		4			Alle		FORM NO. 001-R
			INE HEALTH INS	NSURANCE CORPORATION			AGENCY ACCOUNT CODE X096 AGENCY CONTROL No. APR No. 2016 - 0001		
DDRESS		Citystate Center Bldg., 709 Shaw Blvd., Pasig City				A			
	NOS.	634-3158, 441-7444 local 7674 or 7629							
		AGEN	CY PROCUREM	ENT REQUEST		P	S APR No.		
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0:	PROCUREMENT SERV							\$C16-0	1927 h
	DBM Compound, RR Road Cristobal St., Paco, Manila							PS16-0	110316
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	PLEASE INDICATE (X)	APPROPR	IATE BOX ON ACT	ON REQUESTED	ON THE ITEMS L	STED BELOW			
	IM Disease leaves are			le as indicated b	olow				
	[X] Please issue co	ivery: [v] [	e supplies/materia Pick-up (Fast Lane	Pick-up (Scl	hedule) [ ] Sche	duled Delivery	on		
	mode of de		ten up (t set sette						
	In case fund	is not suf	ficient: [ ] Reduce	Quantity [				Date:	
					(* Ple	ase verify with	PS-Accounti	ng prior to your transa	iction date)
		ITEM DESCRIPTION/SPECIFICATIONS			RETAIL				
	ITEM CODE				TIONS	QTY	UNIT	UNIT PRICE(as of 02/16/2016)	AMOUNT
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-		PPA	EXP C/N)E	MFO CODE	AMOUNT				
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(d. 4 to 1 to 1	Total # 845.62								
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	FOR THE LATEST PRICES AND DETAILED SPECIFICATIONS, PLEASE REFER TO THE ELECTRONIC					TOTAL ORD			865.62
									geps.gov.ph
	Forv	erification c						ocurementservice.gov.ph	
		370		NOTE: ALL SIGNATU		ER PRINTED NAN			
5	TOCKS REQUESTED	ARE CER	TIFIED TO BE	UNDS CERTIFIE	D AVAILABLE:		APPROVE	D:	
١	WITHIN APPROVED	PROGRAM	Λ:		/- A				
					No.			10	
	my			LILIA K. GARRIDO			A V		
				LILIA K. GARRIDO			CHERRIE CARMEN B. DIVINA		
	ELY E. ROXA	S, AO II		LHIDA	G. GARRIDO	DEB UL	CHE	KNIE CANIVILIA D	. DIVINA
	ELY E. ROXA	S, AO II	OFFICER		G. GARRIDO		-	ICY HEAD/AUTHORIZ	