APR FORM revised May 2015

FORM NO. 001-R

AGENCY NAME	PHILIPPINE HEALTH INSURANCE CORPORATION	AGENCY ACCOUNT CODE	X096
ADDRESS	Citystate Center Bldg., 709 Shaw Blvd., Pasig	AGENCY CONTROL No.	APR No. 2016-0006
TEL. NOS.	637-3158, 441-7444 local 7674 or 7629		

AGENCY PROCUREMENT REQUEST

PS APR No. PS/10 3322

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

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

[X] Please issue common-use supplies/materials as indicated below
Mode of delivery: [ ] Pick-up (Fast Lane) [ ] Pick-up (Schedule) [X] Scheduled Delivery on _____

In case fund is not sufficient: [ ] Reduce Quantity [X] Charge to Unutilized Deposit, APR No.: _____ Date: _____
(* Please verify with PS-Accounting prior to your transaction date)

	ITEM CODE	ITEM DESCRIPTION/SPECIFICATIONS	RETAIL QTY	UNIT	UNIT PRICE(as of 02/16/2016)	AMOUNT
1	44121708-MP-B01	MARKER, PERMANENT, bullet type, black	5	piece	9.65	48.25
2	44121708-MW-B01	MARKER, WHITEBOARD, black	1	piece	11.80	11.80
3	44121708-MW-B02	MARKER, WHITEBOARD, blue	5	piece	11.80	59.00
4	44121708-MW-B03	MARKER, WHITEBOARD, red	11	piece	11.80	129.80
5	44121706-PE-L01	PENCIL, LEAD WITH ERASER	5	box	19.62	98.10
6	60121524-SP-G01	SIGN PEN, BLACK, liquid/gel ink, 0.5mm needle tip	5	piece	44.01	220.05
7	60121524-SP-G02	SIGN PEN, BLUE, liquid/gel ink, 0.5mm needle tip	6	piece	44.01	264.06
					TOTAL ORDERED AMOUNT	**831.06**

17 MAY 2016

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

STOCKS REQUESTED ARE CERTIFIED TO BE WITHIN APPROVED PROGRAM:	FUNDS CERTIFIED AVAILABLE:	APPROVED:
ELY E. ROXAS	LILIA R. GARRIDO	CHERIE CARMEN B. DIVINA
AGENCY PROPERTY/SUPPLY OFFICER	AGENCY CHIEF ACCOUNTANT	AGENCY HEAD/AUTHORIZED SIGNATURE

[ ] FUNDS DEPOSITED WITH PS [ ] _____ CHECK No. _____
IN THE AMOUNT OF: _____ (P _____) ENCLOSED