

APR FORM revised May 2015 FORM NO. 001-R

AGENCY NAME PHILIPPINE HEALTH INSURANCE CORPORATION ADDRESS Citystate Center Bldg., 709 Shaw Blvd., Pasig TEL. NOS. 637-3158, 441-7444 local 7674 or 7629	AGENCY ACCOUNT CODE X096 AGENCY CONTROL No. APR No. 2016-0040
AGENCY PROCUREMENT REQUEST	PS APR No. <u>4/7/16</u>

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

P2/60.3320

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

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

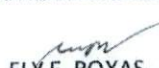

In case fund is not sufficient: Reduce Quantity Charge to Unutilized Deposit, APR No.: _____ Date: _____
 (* Please verify with PS-Accounting prior to your transaction date)

	ITEM CODE	ITEM DESCRIPTION/SPECIFICATIONS	RETAIL			
			QTY	UNIT	UNIT PRICE(as of 03/30/2016)	AMOUNT
1	44122008-IT-T01	INDEX TAB, 5 sets per box	36	box	50.84	1,830.24
2	14111514-NP-S03	NOTEPAD, STICK-ON, 3X3, 100 sheets per pad	11	pad	40.54	445.94
3	14111514-NP-S04	NOTEPAD, STICK-ON, 3X4, 100 sheets per pad	8	pad	54.06	432.48
TOTAL ORDERED AMOUNT						2,708.66

FOR THE LATEST PRICES AND DETAILED SPECIFICATIONS, PLEASE REFER TO THE ELECTRONIC CATALOGUE @ www.procurement-service.gov.ph/www.philgeps.gov.ph

For verification of balances, call PS-Acctg Division @ Tel. Nos. (02) 563-9351 or email us at accounting@procurement-service.gov.ph

NOTE: ALL SIGNATURES MUST BE OVER PRINTED NAME

STOCKS REQUESTED ARE CERTIFIED TO BE WITHIN APPROVED PROGRAM: <div style="text-align: center;">  ELY E. ROXAS AGENCY PROPERTY/SUPPLY OFFICER </div>	FUNDS CERTIFIED AVAILABLE: <div style="text-align: center;">  LILIA G. GARRIDO AGENCY CHIEF ACCOUNTANT </div>	APPROVED: <div style="text-align: center;">  CHERIE CARMEN B. DIVINA AGENCY HEAD/AUTHORIZED SIGNATURE </div>
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[] FUNDS DEPOSITED WITH PS [] CHECK No. _____ IN THE AMOUNT OF: _____ (P _____) ENCLOSED