

APR FORM revised May 2015 FORM NO. 001-B

AGENCY NAME PHILIPPINE HEALTH INSURANCE CORPORATION	AGENCY ACCOUNT CODE X096
ADDRESS Citystate Center Bldg., 709 Shaw Blvd., Pasig	AGENCY CONTROL No. <i>APR No. 2016-0011</i>
TEL. NOS. 637-3158, 441-7444 Local 7674 or 7629	PS APR No. <i>4/9/16</i>

AGENCY PROCUREMENT REQUEST

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

PO/603219

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	BIG BOX			
		QTY	UNIT	UNIT PRICE (as of 03/30/2016)	AMOUNT
1 60121534-ER-P01	ERASER, PLASTIC OR RUBBER	3	box	68.70	206.10
2 14111514-NB-S01	NOTEBOOK, STENOGRAPHER	22	pack	208.00	4,576.00
3 14111531-RE-B01	RECORD BOOK, 300 PAGES, size: 214mm x 278mm min	7	bundle	603.20	4,222.40
4 14111531-RE-B02	RECORD BOOK, 500 PAGES, size: 214mm x 278mm min	7	bundle	434.25	3,039.75
TOTAL ORDERED AMOUNT					12,044.25

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;"><i>[Signature]</i> ELY E. ROXAS AGENCY PROPERTY/SUPPLY OFFICER</div>	FUNDS CERTIFIED AVAILABLE: <div style="text-align: center;"><i>[Signature]</i> LILIA R. GARRIDO LILIA R. GARRIDO AGENCY CHIEF ACCOUNTANT</div>	APPROVED: <div style="text-align: center;"><i>[Signature]</i> 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