	FORM revised May 20	015				FORM NO. 001-B	
ASENCY NAME PHILIPPINE HEALTH INSURANCE CORPORATION				AGENCY ACCOUNT CODE X096			
ADDRESS Citystate Center Bldg., 709 Shaw Blvd., Pasig TEL. NOS. 637-3158, 441-7444 local 7674 or 7629				AGENCY CONTROL NO. APIR NO. 2016-0013			
						11	
		AGENCY PROCUREMENT REQUEST		PS APR No.		9/9/10	
Го:	PROCUREMENT SERV DBM Compound, RR Cristobal St., Paco, N	Road			Psilvo	3935	
	PLEASE INDICATE (X)	APPROPRIATE BOX ON ACTION REQUESTED ON THE ITEMS	LISTED BELOW	1		-5	
	Please issue co Mode of de	mmon-use supplies/materials as indicated below livery: [] Pick-up (Fast Lane) [] Pick-up (Schedule) [서 Sch	neduled Delive	ry on			
	In case fund	is not sufficient: [] Reduce Quantity \(\mathbb{C}\) Charge to Un (* PI			Date: ing prior to your transa	action date)	
			BIG BOX				
	ITEM CODE	ITEM DESCRIPTION/SPECIFICATIONS	QTY	UNIT	UNIT PRICE(as of 02/16/2016)	AMOUNT	
1	44121506-EN-D01	ENVELOPE DOC., 229MM X 324MM	8	box	381.54	3,052.32	
2	44121506-EN-D02	ENVELOPE, DOCUMENTARY, for legal size document	7	box	507.40	3,551.80	
	44121506-EN-X01	ENVELOPE, EXPANDING, KRAFTBOARD, for legal size doc	38	box	621.71	23,624.98	
4	44121506-EN-X02	ENVELOPE, EXPANDING, PLASTIC	1	box	3,503.00	3,503.00	
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	THE RESERVE THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	ICES AND DETAILED SPECIFICATIONS, PLEASE REFER TO THE ELECTRONIC		and the second second second second		eps.gov.ph	
_	For ve	rification of balances, call PS-Acctg Division @ Tel. Nos. (02) 563-9351			curementservice.gov.ph		
S	TOCKS REQUESTED	NOTE: ALL SIGNATURES MUST BE OV ARE CERTIFIED TO BE FUNDS CERTIFIED AVAILABLE:	ER PRINTED NA	APPROVE	D:		
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113	AGENCY PROPERTY,	SUPPLY OFFICER AGENCY CHIEF ACCOUNT	ITANT		CY HEAD/AUTHORIZE		
	[] FILLING DEDOCT	ED WITH DC 11					
		ED WITH PS [] CHECK No					
	IN THE AMOUNT OF			(P) EN	CLOSED	