	FORM revised May 20	015		\neg		FORM NO. 001-R	
ADDRESS Citystate Center Bldg., 70 TEL. NOS. 637-3158, 441-7444 local		PHILIPPINE HEALTH INSURANCE CORPORA	709 Shaw Blvd., Pasig cal 7674 or 7629		AGENCY ACCOUNT CODE X096 AGENCY CONTROL No. APVR No - 2016-0013		
		Citystate Center Bldg., 709 Shaw Blvd., Pas					
		637-3158, 441-7444 local 7674 or 7629					
		AGENCY PROCUREMENT REQUEST	100	PS APR No		9/9/10	
o:	PROCUREMENT SER' DBM Compound, RR Cristobal St., Paco, M	Road Manila			RILL	3935	
	PLEASE INDICATE (X)	APPROPRIATE BOX ON ACTION REQUESTED ON	THE ITEMS LISTED BELO	W		A	
	Please issue co	ommon-use supplies/materials as indicated below livery: [] Pick-up (Fast Lane) [] Pick-up (Sched	w ule) [X]Scheduled Deliv	very on			
	In case fund	l is not sufficient: [] Reduce Quantity [() C	harge to Unutilized Depo (* Please verify w	osit, APR No.: _ vith PS-Accoun	Date: ting prior to your transa	action date)	
				RETAIL			
	ITEM CODE ITEM D	ITEM DESCRIPTION/SPECIFICATION	ONS OTY	OTY LINIT UNIT PRICE(as of			
1	44121506-EN-X02	ENVELOPE, EXPANDING, PLASTIC	6		02/16/2016)		
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	FOR THE LATEST PRI	CES AND DETAILED SPECIFICATIONS, PLEASE REFER TO THE				ps.gov.ph	
		rification of balances, call PS-Acctg Division @ Tel. Nos. (
			MUST BE OVER PRINTED NA		attendervice.gov.pii		
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