NAME AND PHILIPPINE HEALTH INSURANCE CORPORATION					AGENCY			
ADDRESS OF REQUESTING PRO - 1				-	ACCT. CODE			
						AGENCY CONTROL No. 16-12-030		
AGENCY PROCUREMENT REQUEST					APR#16-10424			
To: THE PROCUREMENT SERVICE								
San Fernando City, La Union				<u>7-Dec-16</u>				
ACTION REQUESTED ON THE ITEM LISTED BELOW								
[] Please furnish with us Price Estimate (for office equipment/furniture & supplementary items)								
[] Please purchase for our agency/furniture/supplementary items per your Price Estimate								
(PS RAD No attached) dated,								
[x] Please issue common-use supplies/materials per PS price list as of November, 2016								
[] Please issue Certificate or Price Reasonableness								
[] Please furnish us with your latest/updated Price List								
[] Other (Specify)								
IMPORTANT!! PLEASE SEE THE INSTRUCTIONS/CONDITIONS AT THE BACK OF ORIGINAL COPY								
ITEM No.	No. ITEM AND DESCRIPTION/SPECIF		IS/STOCK No.	QTY.	UNIT	Unit Price	Amount	
ENVELOPE Expanding, kraft board, min. of 285 size papers/documents, 100s/box			285 gsm for legal	2	box	621.71	1,243.42	
for 5th Batch APP Amendmend for CY 2016			Total			1,243.42		
NOTE: ALL SIGNATURES MUST BE OVER PRINTED NAME								
STOCKS REQUESTED ARE CERTIFIED TO BE WITHIN APPROVED		FUNDS CERTIFIED AVAILABLE	RECOMMENDING APPROVAL:		APPROVED:			
SALLY S. GOMEZ		EDWARD Q. ESPIRITU	MARICAR M. ARZADON, M.D.		ATTY. RODOLFO B. DEL ROSARIO JR.			
AGENCY PROPERTY/SUPPLY OFFICER		AGENCY CHIEF ACCOUNTANT	MO VII, Division Chief-MSD		AGENCY HEAD/AUTHORIZED SIGNATURE			

By the Authority of the Division Chief-MSD:

MARIE DONNA O. ANTONA

AO IV, ASS Head

r MARICAR M. ARZADON, M.D. HO VILLOWISION CHIEF-MSD

By the Authority of the OIC-RVP

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