

NAME AND ADDRESS OF REQUESTING AGENCY PHILIPPINE HEALTH INSURANCE CORPORATION REGION IV A
 Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City
 TEL. NOS. 042 373 7782/ 042 373 7056

AGENCY ACCOUNT CODE X235

AGENCY CONTROL No.

PS APR No.

AGENCY PROCUREMENT REQUEST

To: PROCUREMENT SERVICE

DBM Compound, RR Road

Cristobal St., Paco, Manila

February 5, 2016

(Date Prepared)

PLEASE CHECK (v) APPROPRIATE BOX ON ACTION REQUESTED ON THE ITEM/S LISTED BELOW

[] Please issue common-use supplies/materials per Price List No. _____ dated _____

Mode of Delivery: [] Pick-up (Fast Lane) [] Pick-up (Schedule) [] Delivery (door to door)

In case fund is not sufficient: [] Reduce Quantity [] Charge to Unutilized Deposit, APR No.: _____

Date: _____

[] Please purchase for our agency non-common items. Attached herewith :

[] Complete Specifications [] Obligation Request (Obr) [] Others, pls. specify _____

[] Certificate of Budget Allocation (CBA) [] Payment _____

This form shall be prepared for requisitions of **Common-Use goods** from the **PS Depots & Sub-Depots**; and for orders of **Consumables & Non-Common Use Supplies** from the PS-Main.

For PS Main-Common Use Supply, please use Form 001 R or Form 001 B

(* Please verify with PS-Accounting prior to your transaction date)

ITEM NO.	ITEM DESCRIPTION/SPECIFICATIONS	RETAIL			
		QTY	UNIT	UNIT PRICE	AMOUNT
1	44103103-BR-B03, TONER CART, BROTHER TN-2025, Black	3	ctdg	2,556.32	7,668.96
2	44103105-HX-B43, INK CART, HP CN045AA, (HP950XL), Black	19	ctdg	1,542.32	29,304.08
3	44103105-HX-C43, INK CART, HP CN046AA, (HP951XL), Cyan	14	ctdg	1,144.00	16,016.00
4	44103105-HX-M43, INK CART, HP CN047AA, (HP951XL), Magenta	14	ctdg	1,144.00	16,016.00
5	44103105-HX-Y43, INK CART, HP CN048AA, (HP951XL), Yellow	13	ctdg	1,144.00	14,872.00
6	44103112-EP-R07, RIBBON CART, EPSON C13S015531 (S015086), Black	72	ribbon	724.88	52,191.36
7	44103103-HP-B15, TONER CART, HP CC364A, Black	20	ctdg	7,321.60	146,432.00
8	44103103-LX-B05, TONER CART, LEXMARK T650A11P, Black	23	ctdg	9,630.40	221,499.20
9	****nothing follows****				
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
TOTAL AMOUNT				Php	503,999.60

NOTE: ALL SIGNATURES MUST BE OVER PRINTED NAME

STOCK REQUESTED ARE CERTIFIED TO BE WITHIN APPROVED PROGRAM:

FUNDS CERTIFIED AVAILABLE:

APPROVED:

CECILIA I. PUREZA

ADMINISTRATIVE OFFICER II

DEPARTMENT OF BUDGET AND MANAGEMENT

FELICIANA O. PASTORPIDE

AGENCY CHIEF ACCOUNTANT/FC IV

EDWIN M. ORIÑA, M.D.

OIC, PRO IVA

[] FUNDS DEPOSITED WITH PS []

CHECK No. _____

IN THE AMOUNT OF: _____

(P 2/13/16) ENCLOSED

D.R. No. 152873

Date: 2/13/16

Amount

By: 503,999.60