

3303

APR FORM revised May 2015		FORM NO. 002
NAME AND ADDRESS OF REQUESTING AGENCY PHILIPPINE HEALTH INSURANCE CORPORATION REGION IV A Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City		AGENCY ACCOUNT CODE X235 AGENCY CONTROL No. <u>16-005</u>
TEL. NOS.	042 373 7782/ 042 373 7056	PS APR No. <u>16/16-07924</u>
AGENCY PROCUREMENT REQUEST		

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

March 8, 2016

(Date Prepared)

PLEASE CHECK (✓) 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 Supplie, 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	44103105-HX-B43, INK CART, HP CN045AA, (HP950XL), Black	9	ctdg	1,554.80	13,993.20
2	44103105-HX-C43, INK CART, HP CN046AA, (HP951XL), Cyan	5	ctdg	1,175.20	5,876.00
3	44103105-HX-M43, INK CART, HP CN047AA, (HP951XL), Magenta	5	ctdg	1,180.40	5,902.00
4	44103105-HX-Y43, INK CART, HP CN048AA, (HP951XL), Yellow	5	ctdg	1,180.40	5,902.00
5	44103103-HP-B15, TONER CART, HP CC364A, Black	9	ctdg	7,378.80	66,409.20
6	44103103-LX-B05, TONER CART, LEXMARK T650A11P, Black	11	ctdg	9,630.40	105,934.40
7	44103103-BR-B03, TONER CART, BROTHER TN-2025, BLACK	2	ctdg	2,556.32	5,112.64
8	****nothing follows****				
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
TOTAL AMOUNT				PHP	209,129.44

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	 FELICIANA O. PASTORPIDE AGENCY CHIEF ACCOUNTANT/FC IV	 EDWIN M. ORIÑA, M.D. OIC, PRO IVA
[] FUNDS DEPOSITED WITH PS [] CHECK No. <u>3/16/16</u> (P <u>1555.20</u>) ENCLOSED		

O.R. No. _____ Date: _____
 Amount 209,129.44
 By: _____