



Republic of the Philippines
DEPARTMENT OF BUDGET AND MANAGEMENT
PROCUREMENT SERVICE - DEPT. OPERATIONS

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DELIVERY RECEIPT

DR No. **ROX-1296**

DATE: April 25, 2016

Reference APR No. **16-1815**

To: AGENCY & **GOCC - PHILHEALTH ARMM**
ADDRESS >

Date Received April 04, 2016

ITEM NO.	ITEM and DESCRIPTION/SPECIFICATIONS/STOCK NO.	QTY	UNIT	UNIT PRICE	AMOUNT
1	PAPER, multi-purpose(copy), A4, 70gsm	1860	ream	108.35	179,861.00
One Hundred Seventy Nine Thousand Eight Hundred Sixty One Pesos					179,861.00
DELIVERY for Ref. APR is () COMPLETE/() PARTIAL					Total Amount — P

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AUTHORITY TO DELIVER

CERTIFIED CORRECT:

APPROVED FOR DELIVERY:

OR #:

OR Amt:

JOHN MICHAEL B. SABELLINA

April 25, 2016

Depot Supply Officer

Date

ANNABELLE M. ATILLO

April 25, 2016

Depot Supervisor/Asst. Supervisor

Date

Released by:

Received from the PROCUREMENT SERVICE the above item/s in good order and condition:

DANILO C. KIONISALA

April 25, 2016

Depot Storekeeper

Date

JAMAE L. N. MACASINGA

4/25/16
Agency Property/Supply Officer
Date

APR FORM revised March 2007

NAME AND ADDRESS: PHILHEALTH-ARMM OF REQUESTING SEN. DOMOCALO ALONTO SR. STREET, MARAWI CITY		AGENCY ACCT CODE			
AGENCY TEL No.		AGENCY CONTROL No.			
AGENCY PROCUREMENT REQUEST		PS APR No. 16-1815			
To: THE PROCUREMENT SERVICE DBM Compound RR Road, Cristobal St. Paco, Manila		April 18, 2016 (Date Prepared)			
PLEASE CHECK () APPROPRIATE BOX ON ACTION REQUESTED ON THE ITEM/S LISTED BELOW					
<input type="checkbox"/> Please issue common-use supplies/materials pre Price List No. _____ dated _____ Mode of delivery: <input type="checkbox"/> Pick up (Fast Lane) <input type="checkbox"/> Pick-up (Schedule) <input type="checkbox"/> Delivery (door to door)					
In case fund is not sufficient: <input type="checkbox"/> Reduce Quantity <input type="checkbox"/> Bill Us <input type="checkbox"/> Charge to Unutilized Deposit, APR No.: _____ Date: _____					
<input type="checkbox"/> Please purchase for our agency non-common items. Attached herewith : <input type="checkbox"/> Complete Specifications <input type="checkbox"/> Obligation Request (ObR) <input type="checkbox"/> Others, pls. specify _____ <input type="checkbox"/> Certificate of Budget Allocation (CBA) <input type="checkbox"/> Payment					
IMPORTANT !! PLEASE SEE THE INSTRUCTIONS/CONDITIONS AT THE BACK HERE OF					
ITEM No.	ITEM AND DESCRIPTION/SPECIFICATIONS/STOCK No.	QUANTITY	UNIT	Unit Price	AMOUNT
1	PAPER, multi-purpose(copy), A4, 70gsm xxxxxxxxNOTHING FOLLOWSxxxxxxxx	1660	ream	108.35	179,861.00
<p>CLEARED WITHIN THE APR 4/5/16</p>		<p>PROCUREMENT SERVICE RECEIVED BY: _____ DATE: 25 APR 2016 TIME: _____ REGIONAL DEPT NO. 10</p> <p>16 - 04 - 0300</p>			
TOTAL AMOUNT					179,861.00
NOTE: ALL SIGNATURES MUST BE OVER PRINTED NAME					
STOCKS REQUESTED ARE CERTIFIED TO BE WITHIN APPROVED PROGRAM:		FUNDS CERTIFIED AVAILABLE		Approved:	
<p><i>[Signature]</i> RAYMAH B. MACARONSING Head, General Services Section AGENCY PROPERLY SUPPLY OFFICER</p>		<p><i>[Signature]</i> SORAYAH M. SHARIEF-TABAO OIC, Fund Management Section AGENCY CHIEF ACCOUNTANT</p>		<p><i>[Signature]</i> Atty. KHALIQUZZAMAN M. MACABATO, CPA, CSEE Regional Vice President PHRO-ARMM AGENCY HEAD/AUTHORIZED SIGNATURE</p>	
<input type="checkbox"/> FUNDS DEPOSITED WITH PS <input type="checkbox"/> CHECK No. _____ IN THE AMOUNT OF: _____ (P _____) ENCLOSED					