

REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF HEALTH  
INVOICE RECEIPT FOR PROPERTY

June 15,2016

TRANSFER of property from Department of Health to **National Capital Region**  
Address: **National Capital Region**, as authorized by the Office of the Secretary.

QTY	UNIT	NAME AND DESCRIPTION	LOT NUMBER	EXPIRY DATE	P.O No.	UNIT VALUE	TOTAL VALUE
10	Packages	TSEKAP PACKAGE			GOP-2016-074	34,996.51	349,965.10
One(1) Package composed of the following:							
1	unit	Digital Sphygmomanometer					
1	set	Dressing Set					
2	units	Non-Contact Forehead Thermometer					
1	units	Glucometer					
2	units	Nebulizer					
1	unit	Stethoscope					
1	pc.	Storage Box					
		***Nothing Follows***					
	Note:						
		1. Attached P.O for the technical specifications of different items stated above.					
		2. Attached List of Recipient for the 10 packages					
		3. To be received by any accountable officer(permanent employee).					

**INVOICE**

I certify that I have this \_\_\_ day of \_\_\_  
invoiced to \_\_\_\_\_  
(Name) (Designation)  
the above listed articles, property of DOH.  
(Name of bureau or office)

**ENGR. DAVID P. MASIADO JR., MM**  
(Printed Name/Signature of Invoicing Accountable Officer)  
Chief, Logistics Management Division  
(Title)

**RECEIPT**

I certify that I have this \_\_\_ day of \_\_\_  
invoiced to \_\_\_\_\_  
(Name) (Designation)  
the above listed articles, property of DOH.  
(Name of bureau or office)

**MANUEL A. ALBA**  
(Printed Name/Signature of Invoicing Accountable Officer)  
7/13/16 (Title) A. A. I