

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH
INVOICE RECEIPT FOR PROPERTY

June 16, 2016

TRANSFER of property from Department of Health to **REGION IV-A**

Address: REGION IV-A

, as authorized by the Office of the Secretary.

QTY	UNIT	NAME AND DESCRIPTION	LOT NUMBER	EXPIRY DATE	P.O No.	UNIT VALUE	TOTAL VALUE
501	Package	TSEKAP PACKAGE			GOP-2016-079	34,996.51	17,533,251.51

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 501 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 20th day of June, 2016
 invoiced to _____ (Name) _____ (Designation)
 the above listed articles, property of DOH.
 (Name of bureau or office)
MOISESA PERALTA, JR., MM
 (Printed Name/Signature of Invoicing Accountable Officer)
 Administrative Officer V
 (Title)