

June 16, 2016

Address: REGION IVB

, as authorized by the Office of the Secretary.

[illegible]

RECEIPT

I certify that I have this ___ day of ___
(Name) (Designation)

the above listed articles, property of DOH.
(Name of bureau or office)

DONNA M. PACE

(Printed Name/Signature of Invoicing Accountable Officer)

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH
INVOICE RECEIPT FOR PROPERTY

March 01, 2016

TRANSFER of property from Department of Health to MUNICIPLAITY OF MAGSAYSAY
Address: Magsaysay Palawan, Region IV-B, as authorized by the Office of the Secretary.

[illegible]

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)

MELANIE R. OUMMEN, RN *RM*
(Printed Name/Signature of Invoicing Accountable Officer)
Nurse-1 (Title) 6/10/16

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH
INVOICE RECEIPT FOR PROPERTY

March 01,2016

TRANSFER of property from Department of Health to MUNICIPALITY OF AGUTAYA

Address: Agutaya Palawan, Region IV-B, as authorized by the Office of the Secretary.

QTY	UNIT	NAME AND DESCRIPTION	LOT NUMBER	EXPIRY DATE	P.O No.	UNIT VALUE	TOTAL VALUE
8 /	Packages	TSEKAP PACKAGE			GOP-2016-079	34,996.51	279,972.08
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 8 packages							
3. To be received by any accountable officer(permanent employee).							

INVOICE

I certify that I have this _____ day of _____
 (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 10th day of June
 invoiced to LENE N. MANGAYAD Nurse I
 (Name) (Designation)
 the above listed articles, property of DOH.
 (Name of bureau or office)

LENE N. MANGAYAD PHN
 (Printed Name/Signature of Invoicing Accountable Officer)
 Nurse II
 (Title)

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REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH
INVOICE RECEIPT FOR PROPERTY

March 01, 2016

TRANSFER of property from Department of Health to **MUNICIPLAITY OF QUEZON**
Address: **Quezon Palawan, Region IV-B**, as authorized by the Office of the Secretary.

[illegible]**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)

VICKY T. SOLATORIO PHW
(Printed Name/Signature of Invoicing Accountable Officer)
Nurse II 6/10/16
(Title)

07

March 01, 2016

[illegible]

RECEIPT

RECEIVED
I certify that I have this 10th day of June
invoiced to DMILIA M. PERIA MTH
(Name) (Designation)
the above listed articles, property of DOH.
(Name of bureau or office)

EMILIA M. PERA M.D.
(Printed Name/Signature of Invoicing Accountable Officer)
M.D.
(Title)

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH
INVOICE RECEIPT FOR PROPERTY

March 01, 2016

TRANSFER of property from Department of Health to MUNICIPALITY OF CORON
Address: CORON Palawan, Region IV-B, as authorized by the Office of the Secretary.

[illegible]

INVOICE

invoiced to _____ day of _____
 (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)
 (Printed Name/Signature of Invoicing Accountable Officer)
 (Title)


REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH
INVOICE RECEIPT FOR PROPERTY

March 01, 2016

TRANSFER of property from Department of Health to MUNICIPLAITY OF LINAPACAN
Address: Linapacan Palawan, Region IV-B ,as authorized by the Office of the Secretary.

[illegible]

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)
 JORZ P. CABANAS, MD 6-15-2016
 (Printed Name/Signature of Invoicing Accountable Officer)
 b1c-h410
 Title

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REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH
INVOICE RECEIPT FOR PROPERTY

March 01, 2016

TRANSFER of property from Department of Health to MUNICIPALITY OF BUSUANGA
Address: BUSUANGA PALAWAN, REGION IV-B, as authorized by the Office of the Secretary.

QTY	UNIT	NAME AND DESCRIPTION	LOT NUMBER	EXPIRY DATE	P.O No.	UNIT VALUE	TOTAL VALUE
17	Packages	TSEKAP PACKAGE			GOP-2016-079	34,996.51	594,940.67

One(1) Package composed of the following:

[illegible]

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)
 f *ESPM 3/29*
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) _____
 SALDO MUSEY R. PRINCE, M.D. MTD
 (Printed Name/Signature of Invoicing Accountable Officer)
 (Title) _____ 6-15-2016

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REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH
INVOICE RECEIPT FOR PROPERTY

March 01, 2016

TRANSFER of property from Department of Health to MUNICIPALITY OF CULION
 Address: CULION PALAWAN, REGION IV-B, as authorized by the Office of the Secretary.

QTY	UNIT	NAME AND DESCRIPTION	LOT NUMBER	EXPIRY DATE	P.O No.	UNIT VALUE	TOTAL VALUE
18	Packages	TSEKAP PACKAGE			GOP-2016-079	34,996.51	629,937.18
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 18 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 15 day of June 2016
 invoiced to _____ (Name) _____ (Designation)
 the above listed articles, property of DOH.
 (Name of bureau or office)
CHARLIE O. REYES, MD
 (Printed Name/Signature of Invoicing Accountable Officer)
 (Title)

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