

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH
INVOICE RECEIPT FOR PROPERTY

June 15,2016

TRANSFER of property from Department of Health to **Region 1**
Address: **Region 1**, as authorized by the Office of the Secretary.

QTY	UNIT	NAME AND DESCRIPTION	LOT NUMBER	EXPIRY DATE	P.O No.	UNIT VALUE	TOTAL VALUE
513	Packages	TSEKAP PACKAGE			GOP-2016-079	34,996.51	17,953,209.63

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 513 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 15th day of June 2016
invoiced to _____
(Name) (Designation)
the above listed articles, property of DOH.
(Name of bureau or office)

EDWIN V. SANCHEZ, MD
(Printed Name/Signature of Invoicing Accountable Officer)
DIRECTOR III
(Title)