

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH
INVOICE RECEIPT FOR PROPERTY

June 15, 2016

TRANSFER of property from Department of Health to REGION 6

Address: REGION 6 ,as authorized by the Office of the Secretary.

QTY	UNIT	NAME AND DESCRIPTION	LOT NUMBER	EXPIRY DATE	P.O No.	UNIT VALUE	TOTAL VALUE
500	Packages	TSEKAP PACKAGE			GOP-2016-079	34,996.51	17,498,255.00
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 500 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)

HIBIONADA, ANA MARIA MZ
(Printed Name/Signature of Invoicing Accountable Officer)
SHPO II (Title) 7/15/2016