

REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF HEALTH  
INVOICE RECEIPT FOR PROPERTY

June 15, 2016

TRANSFER of property from Department of Health to REGION 11

Address: REGION 11, 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-2016-079	34,996.51	349,965.10
<b>One(1) Package composed of the following:</b>							
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***							
<b>Note:</b>							
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 14 day of July  
invoiced to \_\_\_\_\_  
(Name) (Designation)  
the above listed articles, property of DOH.  
(Name of bureau or office)

**JINKY M. ESPINO**  
(Printed Name/Signature of Invoicing Accountable Officer)  
OFFICER  
(Title)