

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH
INVOICE RECEIPT FOR PROPERTY

June 15, 2016

TRANSFER of property from Department of Health to REGION 12

Address: REGION 12, as authorized by the Office of the Secretary.

QTY	UNIT	NAME AND DESCRIPTION	LOT NUMBER	EXPIRY DATE	P.O No.	UNIT VALUE	TOTAL VALUE
70	Packages	TSEKAP PACKAGE			GOP-2016-079	34,996.51	2,449,755.70
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 70 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 July 2016
 invoiced to _____ (Name) _____ (Designation)
 the above listed articles, property of DOH.
 (Name of bureau or office)

RAMON O. BUENBRAZO
 Administrative Officer
 (Printed Name/Signature of Invoicing Accountable Officer)
 (Title)