

Name of the Procuring Entity  
Resource Mgt. & Dev't. Office

Project Reference Number \_\_\_\_\_  
Name of the Project \_\_\_\_\_  
Location of the Project \_\_\_\_\_

Standard Form Number: SF- GOOD-59  
Revised on: May 24, 2004  
Standard Form Title: Purchase Request

F-PR-2022-1951  
9/13/2022

**PURCHASE REQUEST**

**PROVINCIAL HUMAN RESOURCE MANAGEMENT AND DEVELOPMENT OFFICE**

Agency/ Procuring Entity

Department: PHRMDO  
Section: 14 9/15

PR No. \_\_\_\_\_ Date: September 7, 2022  
SAI No. \_\_\_\_\_ Date: \_\_\_\_\_

Stock No.	Unit	Item Description	Qty	Unit Cost	Total Cost
1	pax	HEALTH CARE INSURANCE TO ALL PGBH REGULAR AND FULL TIME EMPLOYEES ( see attached Health Benefit Packages) X-X-X-X-X-X	1,500	Premium cost 10,000.00	15,000,000.00

Charge to: **Employee's Health Care Card Program- 50103040-01**

Noted as to charges:

**ATTY. ANTONIO S. AMORA, JR.**  
Chief of Staff, G.O

PROVINCIAL HUMAN RESOURCE MANAGEMENT AND DEVELOPMENT OFFICE  
PROVIN F O-BOHO  
CONTROL NO. 1569 RECD BY DATE 9/14/22  
FORM NO. 09-2645 VALID UNTIL 12/31/22  
EXPENSE CHIT 100-137 (197903) AMOUNT 15,000,000.00  
FUND SOURCE 2021-030 CONTROL NO. DATE 9/14/22  
PETER CESAR CALOPE  
B

Time of Delivery : Upon receipt of P.O

Place of Delivery : PHRMDO

Mode of Procurement : Bidding

Purpose : Health Care Insurance for PGBH employees 2022-2023

Requested by:  JOSEFINA J. RELAMPAGOS PGDH- PHRMDO	Cash Availability:  EUSTAQUIO A. SOCORIN Provincial Treasurer	Approved by:  ERICO ARISTOTLE AUMENTADO Governor
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2022-08570 RECEIVED BY: DATE: 10/25/22  
PROVINCIAL PROCUREMENT MANAGEMENT UNIT  
A-22-0378  
1# NC# DC# SC# RSC#  
UNITS: 15,000,000 GKAS TO APP: