



## PURCHASE ORDER

OFFICE/DEPARTMENT: MSD-Admin

Supplier: **TROJAN COMPUTER FORMS MANUFACTURING CORP.**  
 Address: 488 A. Mabini St., Manggahan  
Pasig City  
 Tel.Fax No.: (02) 646 9905 to 08 / (02) 646 9912  
 Supplier Registered with: Department of Trade and Industry

PO No. 16-041  
 Date: 1-Apr-16

Terms of Payment: on account  
 Mode of Procurement: local shopping

Please deliver to this office within 15 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	70	boxes	CONTINUOUS FORM	1,031.00	72,170.00
			-11 x 10 5/8, 2PLY, 70gsm (subs 20), with side perforations		
			-1000 sets/box		
					<b>72,170.00</b>
			Less Taxes: 5% VAT	3,221.88	
			1% EWT	644.38	3,866.26
			<b>TOTAL AMOUNT</b>		<b>68,303.74</b>

**Terms & Conditions:**

- The agency shall impose equivalent to 1/10 of 1 percent of the total value of the undelivered order for each day of delay as liquidated damages.
- Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services.
- NO price increase shall be made by the supplier within seven (7) days from the date of the acceptance of PO.
- Non-availability of stock shall be made known to PhilHealth before the acceptance of PO.
- PhilHealth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incomplete or non-compliant as specification when quoted.
- In case of returned/rejected items which cannot be replaced within seven (7) calendar days from notice, PhilHealth shall demand full refund of payment made "in cash" or "in check" three (3) calendar days. Deliveries should be made within office hours on working days on or before the date stipulated in the PO.

Very truly yours,

**MIGUEL T. MACALINAO**  
 Chief, MSD

Certified Budget Available: <b>ERLYN V. ROJAS</b> Fiscal Controller II	Funds Available in the amount of <u>72,170</u>  <b>FELICIANA O. PASTORPIDE</b> Fiscal Controller IV	APPROVED:   <b>EDWIN M. ORIÑA, M.D.</b> OIC, PRO IVA
With in the COB. <u>2016 COB</u> Expense Code: <u>774-10</u> Budget: <u>72,170.00</u> Remarks: _____		
Conforme: <b>Arnoldo Lachica</b>		
Signature over Printed Name and Position of Authorized Representative / Date Received <u>9-29-16</u>		