

111 Iba Road Pantoc Meycauayan Bulacan
Meycauayan
207-119-786-000

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100SD120172

SO#:124642

DELIVERY RECEIPT

Product Code 100SD172

Customer's Name SF JUNFEL MARKETING

Bill To

Date: 12/09/2023

Payment Terms: COD

Customer's TIN:

Ship To

BACOLOR
PHILIPPINES

Salesman: 100-KENNETH D. SAMSON

PRODUCT CODE	DESCRIPTION	UOM Code	Quantity	Price UOM	Amount
CS12	1000ml Select Soy Sauce PET bottle x 12	CS12	500	540.00	270,000.19
CS04	250ml Select Soy Sauce PET x 4	CS04	300	583.00	174,899.96
CS48	250ml Select Soy Sauce x 48	CS48	490	429.60	214,800.77
CS24	500ml Select Soy Sauce PET bottle x 24	CS24	200	402.00	80,400.00

WELLMAN MANUFACTURING CORPORATION DELIVERY INCIDENT REPORT

To
From
Incident
Date

Customer's Name
Return Slip No.

WELLMAN
MAYBE
CANTER
12/12/23
CANTER

RS NO.

CHECKED BY:

COUNTER CHECKED BY:

WHSEMAN-IN-CHARGE:

155822
12/12/23
12/12/23
12/12/23

DETAILS

WCS + 200ml soy sauce 48

DAMAGE
1st
CANTER

Driver

Helper

Plate No.

PA/Invoice No.

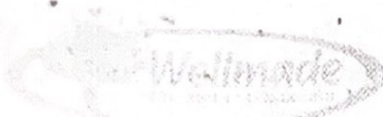
WCS
12/12/23

Prepared by

Noted by

12/12/23
12/12/23

WMCT SCALE 23 DEC 24 12:29



111 Iba Road Pantoc Meycauayan Bulacan
Meycauayan
207-119-766-000

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100SD120172

SO#:124642

DELIVERY RECEIPT

Customer's Code: 100DL042

Customer's Name: SF JUNFEL MARKETING

Date: 12/09/2023

Payment Terms: COD

Customer's TIN:

Bill To:

Ship To: SACOLOR
PHILIPPINES

Salesman: 100-KENNETH D. SAMSON

PRODUCT CODE	DESCRIPTION	UOM Code	Quantity	Price UOM	Amount
CS12	Flavor Select Soy Sauce PET bottle x 12	CS12	500	540.00	270,000.19
CS04	Flavor Select Soy Sauce PET x 4	CS04	300	583.00	174,899.96
CS48	200ml. Select Soy Sauce x 48	CS48	490	429.60	214,800.77
CS24	350ml. Select Soy Sauce PET bottle x 24	CS24	200	402.00	80,400.00

WELLMADE MANUFACTURING CORPORATION DELIVERY INCIDENT REPORT

To: _____
From: _____
Incident: _____
Date: _____
Customer's Name: _____
Return Slip No.: _____

Wellmade
Meycauayan
12-12-23
SF Junfel

DETAILS

WCS + 200ml. Soy Sauce PET bottle x 48

DAMAGE
VAT
LAMPIN

Driver: _____
Helper: _____
Plate No.: _____
PA/invoice No.: _____

Prepared by: _____

Noted by: _____

Anna
12-12

WELLMADE MANUFACTURING CORPORATION
DELIVERY INCIDENT REPORT

To : WELLMADE
From : WELLMADE
Incident : CANUCKEN
Date : 12-25
Customer's Name : SPRING
Return Slip No. : _____

DETAILS

WCS + TOWN SEVEN CO. SANLEY 48

DAMAGE
WET
CRACK

Driver : _____
Helper : _____
Plate No. : NH 777
PA/Invoice No. : _____

Prepared by : [Signature]
Noted by : 812-12