



SECURITY BANK CORPORATION
6776 Ayala Avenue, Makati City
Tel. No.: (02) 867-6788
Fax No.: (02) 891-1234

Purchase Order No.: 83419

Date: March 29, 2017

Vendor ID: CAPT000163		Payment Terms: 30 days			
Name: CAPTIVE PRINTING CORP.		Delivery Address: Chinese Gen. Hospital Comp., Blumentritt corner Aurora Blvd. Sta. Cruz, Manila Blumentritt Branch			
Address: 41 STA ANA DRIVE SUNVALLEY SUBDIVISION, PARANAQUE CITY					
Telephone No.: 6325463596					
Email Address:		Attention: Loilta Manreza			
		Currency: PHP		Incoterms:	
Item No.	Description	Quantity	Unit	Unit Price	Total Amount
1	Customized Checks Specifications: Size: 3" x 8-1/2" x 1-ply Color: 4 colors + UV print (erasable), 1 color back Materials: CBS1 - PCHC WM (Chemically sensitized, with visible and invisible fluorescent fibers) Security Features: MICR encoded, Micrprint, Full UV Printing (erasable), copy Pantograph, Black MICR, 100 pcs/bklt Account Name: Chinese General Hospital and Medical Center Account Number: 0051-011303-003 BRSTN: 01014-002-8 Last Series: 0030000 Quantity: 10 booklets Account Name: Chinese General Hospital and Medical Center Account Number: 0051-011303-002 BRSTN: 01014-002-8 Last Series: 0050000 Quantity: 5 booklets Note: exclusive of doc stamps cost (P150.00/bklt)	15	BKLTs	400.00	6,000.00
Total Amount in Words: SIX THOUSAND AND X / 10 ONLY		TOTAL AMOUNT		5,357.14	
		12% (VAT)		642.86	
		AMOUNT WITH VAT		6,000.00	
NOTE: This PO is electronically generated and approved . No manual signature is required.					
IMPORTANT: Please immediately acknowledge this order. Acceptance and execution of this order by you implies acceptance of the conditions stated herein. A copy of the PO with conforme should be attached to the Delivery Receipt during delivery. Invoice, Delivery Receipt & PO with signed conforme should be forwarded to 6/F Fincon Disbursement Unit for payment processing.		Procurement Contact Person:		Approved by:	
		JULIUS REY S. SAN JOSE Procurement Officer		JOHN T. GARCIA GSD Head 03/30/2017	
		Supplier's Conforme:			
		Sign over Printed Name and Date			



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Item No.	Description	Quantity	Unit	Unit Price	Total Amount
	Delivery Date: 04/12/2017 ***NOTHING FOLLOWS*** Instructions to Suppliers: 1. SBC / SBS / SB Cards reserves the right to reject the delivery and or cancel the order if the delivered goods fail to meet the specification mentioned in the Purchase Order. 2. Indicate PO reference no. in all copies of Delivery Receipt/s (DR) and Sales Invoice/s (SI). Copy of the PO with signed conforme should be attached to the DR. 3. At least two (2) days advance notice shall be given to the authorized personnel prior to delivery. Ensure that authorized receiving personnel affix his/ her signature, printed name and date when goods are received in all copies of DR/s and/or SI/s. 4. For deliveries made at GSD Warehouse please follow below step-by step process: - Please proceed at 4F and look for Alpha Arroyo / Robert Saclayan (02) 888-7060 / 888-7318. - Delivery receipts should be stamped at 9/f Billings Unit c/o Juvy Domantay (867-6788 loc 5504) prior to submission of SI for payment processing. - Original copy of SI, copy of DR and PO with signed conforme shall be forwarded at 6/F Fincon c/o Renee Miranda (02) 867-6788 loc 8619 5. For deliveries made at SBC Centre / SBS Building / SB Cards Building or deliveries made directly to the end-users, contact person shall be the end-user and please follow below process:				

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