



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

Purchase Order No.: 75560

Date: August 19, 2015

Vendor ID: CAPT000163	Payment Terms: 30 days
Name: CAPTIVE PRINTING CORP.	Delivery Address: Ground Floor, Medical Arts Building, St. Luke's Medical Center, Fort Bonifacio Global City, Taguig
Address: 41 STA ANA DRIVE SUNVALLEY SUBDIVISION, PARANAQUE CITY	
Telephone No.: 6325463596	Attention: Maebelle Navato
Email Address:	Currency: PHP Incoterms:

Item No.	Description	Quantity	Unit	Unit Price	Total Amount
1	Customized Checks Account Name: St. Lukes Medical Center (Global City) Account number: 0396-035819-001 BRSTN: 01014-089-5 Serial Numbers: 0000156001 Specifications: Size: 3" x 9" x 1-ply Color: Front: 2 colors, back: 1 color Material: CBS1- PCHC WM (Chemically sensitized, with visible and invisible fluorescent fiber) MICR encoded, Continuous construction Security Features: Microprint, Full UV Printing (erasable), copy pantograph, secure numbering application, Black MICR Delivery Date: 08/26/2015 ***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.	10,000	PIECE	3.80	38,000.00

Total Amount in Words: THIRTY-EIGHT THOUSAND AND X / 10 ONLY	TOTAL AMOUNT	33,928.57
	12% (VAT)	4,071.43
	AMOUNT WITH VAT	38,000.00

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: JULIUS REY S. SAN JOSE Procurement Officer	Approved by: JOHN T. GARCIA GSD Head 08/20/2015
	Supplier's Conforme: _____ Sign over Printed Name and Date	



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	<p>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.</p> <p>4. For deliveries made at GSD Warehouse please follow below step-by step process:</p> <ul style="list-style-type: none">- Please proceed at 4F and look for Justine Naanep / Robert Saclayan (02) 888-7060 / 888-7318.- Delivery receipts should be stamped at 9/f Billings Unit c/o Mhay Bonsol (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 <p>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:</p> <ul style="list-style-type: none">- Delivery receipts should be stamped at 9/f Billings Unit c/o Mhay Bonsol (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 <p>6. Any violation of the above instruction may lead to delay of payment or non - payment.</p> <p>Penalty Clause: Delay in delivery of goods / services shall be charged a penalty of 1% of the total contract price per day of delay (weekends and holidays included) or to cancel or reject the goods / services at no expense to the purchaser.</p>				

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