



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

Purchase Order No.: 83934

Date: May 08, 2017

Vendor ID: CAPT000163		Payment Terms: 30 days			
Name: CAPTIVE PRINTING CORP.		Delivery Address: UN Ave., corner Bocobo and Churruca Sts., Ermita, Manila Ermita Branch			
Address: 41 STA ANA DRIVE SUNVALLEY SUBDIVISION, PARANAQUE CITY					
Telephone No.: 6325463596					
Email Address:		Attention: Grace David			
		Currency: PHP		Incoterms:	
Item No.	Description	Quantity	Unit	Unit Price	Total Amount
1	Customized Check Specifications: Size: 3" x 9" x 1-ply Color: front: 3 colors + UV Print (erasable) & 1 color back Materials: CBS 1 Cheque paper 96gsm (PCHC Watermark) Security Features: MICR encoded (Black), pre-numbered, continuous construction, fan folded contained in corrugated box *Continuous check single ply Account Name: St. Luke's Medical Center Extension Clinic Account Number: 0111-007880-002 BRSTN: 01014-007-3 Starting Series: 0000026501 Note: Exclusive of doc stamp cost (P1.50/pc) Delivery Date: 05/22/2017 ***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	4,000	PIECES	3.20	12,800.00
Total Amount in Words: TWELVE THOUSAND EIGHT HUNDRED AND X / 10 ONLY				TOTAL AMOUNT 12% (VAT) AMOUNT WITH VAT	11,428.57 1,371.43 12,800.00
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 05/10/2017	
		Supplier's Conforme: _____ Sign over Printed Name and Date			

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Item No.	Description	Quantity	Unit	Unit Price	Total Amount
	<p>(SI). Copy of the PO with signed conforme should be attached to the DR.</p> <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 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 <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 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 <p>6. Any violation of the above instruction may lead to delay of payment or non - payment.</p>				

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	12% (VAT)	1,371.43
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	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.				

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