


SECURITY BANK

UNIVERSAL TRANSACTION SLIP

 THIS TRANSACTION IS SUBJECT TO THE TERMS AND CONDITIONS GOVERNING THIS ACCOUNT.
 TELLER'S VALIDATION

 Online MAOF 212983 06/16/21 09:11:15AM
 0000026465490

LUZON, TEDHARD

CHKDEP-L

BDO 0001594686

PHP

2,150.89

2,150.89

Tran Ref No: 3

 This serves as your transaction record.
 Please keep it.

TO OUR VALUED CUSTOMER:

Before leaving the Teller's Counter, please check if the Teller's Machine Validation (Name, Account Number or Reference Number, Amount and other details appearing on this slip) accurately reflects the details of your Transaction. You assume full responsibility for the correctness, genuineness and validity of all items deposited / amount withdrawn.

For withdrawals, by signing this form, you declare under the penalties of perjury that your co-depositor/s is/are still living.

The Bank reserves the right to automatically debit the Depositor's account, without prior notice, for any crediting or posting error to the client's account to effect correction.

THANK YOU FOR BANKING WITH US.

CLIENT'S COPY

BR - 237 - 11/14

**KO PHILIPPINES INTERNATIONAL, INC.
 REQUEST FOR PAYMENT**

TO ► FINANCE AND ACCOUNTING	DATE ► MAY 15, 2021
FROM ► BRANCH H-O DEPT. ► SERVICE ACCOUNTING	CV NO. ►
Please facilitate the processing of CASH / CHECK / PDC for <u>7. M LUZON</u>	
due on _____ as payment for the following :	
PARTICULARS	AMOUNT
1 UNIT GC / SAC (900 / UNIT)	P 900
2 UNITS GC / WAC (970 / UNIT)	970
1 UNIT CHECK-UP / WAC (250 / UNIT)	250
	<u>P 2,190</u>
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> AUDITED BY: <u>[Signature]</u> DATE: _____ </div>	
Charge to: <u>Warranty Expense</u> <u>Covered Period 4/14/21 - 4/29/21</u>	
Requested by	Noted by
<u>Mary Grace M. Galang</u> Signature Over Printed Name	<u>[Signature]</u> <u>Publication 5/11</u>
Approved by <u>[Signature]</u>	

KOLIN PHILS. INT'L. INC.
STATEMENT OF ACCOUNT / SUMMARY CLAIMS

ASC NAME: **T.M. LUZON AIRCONDITIONING & REFRIGERATION**
SOA # **6**
PERIOD COVER:
DATE SUBMITTED: **4/30/2021**

NO.	SJR No.	Customer Name	Customer Address	Contact No.	Model	DOP	Serial Indoor	Serial Outdoor	Dealer	Date Attended	Date Finished	Job done	REBATES	Other Remarks
1	HO-00058168	Rosalinda Geronimo	Buenavista 3, Gen Trias, Cavite	0936-026-8567	KSM-SW20-SQZM	6/4/2021	16171910-10680	16181910-10567	Ansons	4/14/2021	4/14/2021	General cleaning	900.00	
2	HO-00058726	Noemi Regencia	Celina, Imus, Cavite	0966-3107147	KAG110RSINV	9/23/2020	Missing Serial Number	NONE	Western Marketing	4/19/2021	4/19/2021	General cleaning	470.00	
3	HO-00059125	Katherine Joy Maligaya	Brgy. Dulong Bayan, Bacoor, Cavite	0947-8957961	KAM-95BMC	2/3/2021	13922009-22906	NONE	ALL HOME	4/23/2021	4/23/2021	Check Up	350.00	
4	HO-00058995	Mariella Evangelista	0822 Purok 2, Brgy. Bakaw II, Gen. Trias, Cavite	9954756470	KSM-IW15-6HIM-1	4/19/2021	18251910-17505	18262011-10528	Star Appliance Center	4/23/2021	4/23/2021	Installation	incomplete attachment 2,000.00	
5	HO-00060203	Glenda Pascua	Brgy. Amaia II, Tanza, Cavite	9957827392	KAG-110RSINV	7/17/2021	19011910-72170	NONE	Ansons Makati	4/29/2021	4/29/2021	General cleaning	470.00	

TOTAL :

4,190.00

GUIDELINES:

1. Fill Up all the details above properly.
2. Size of SOA must be printed in Long/Legal size attached to Folder with fastener.
3. All jobs with borrowed parts are subject to liquidation prior to claiming.
4. If the date installation is more than a month, input the reason in column of other remarks.

PREPARED BY:

JINKY CONSTANTE

RECEIVED
SUCAGSIS

DATE: **4/30**