PRINTER'S CERTIFICATE OF DELIVERY OF RECEIPTS AND/OR INVOICE

I,												
1. That(Name of Taxpayer) engaged my/our services to print his/its Receipts/Invoices, details of which are as follows:												
Required Data			Printer's Details				Taxpayer's Details					
TIN							1 3					
Name												
Registe	red Address											
Home F	RDO											
(A) Category of Document Invoice Official Receipt Others (specify) (B) Details of Receipts/Invoices covered by this delivery:									-			
Doc	Kind of OR/Invoice	Category	ATP	No. of	No. of Sets	No. of Copies	Inclusive Serial	Place where the Inv	oice			
Type		,	Number	Booklets	per Booklet	Per set	Numbers	/Receipts will be us	sed			
Bound	e.g. VAT or Non-VAT	Sales	00000	1,000	50	3	0001 - 1000					
Loose	e.g. VAT or Non-VAT	Invoice Official Receipt	00000	500	50	2	0001 - 0500					
(C) Mode of delivery Full Delivery												
(D) Si	ze of Receipts/Invoic	е										
(E) De	etails of Delivery:				:	Bound		Looseleaf				
Total No. of Booklets/Looseleaf to be Prin					:	XXXX		XXXX				
	Less: No. of Bookl		eaf deliver	ed								
Previous Delivery					:	XXXX		XXXX				
This/Current Delivery					: XXXX			XXXX				
	Outstanding Balance	е				XXXX ========	· ==== ===	XXXX ========				
	2. That upon i					TP) by the	BIR-RDO No.		_on			
	:			N/ATP N		hanata atta ah ad		aforesaid receipts	and			
invoices were printed. Photocopy of aforementioned ATP is hereto attached.												
	3. That copies of	the aforeme	entioned re	eceipts/inv	oices have bee	en delivered to t	he above-named t	axpayer;				
							or reproduced exc	ept the copies delive	ered			
	to the taxpayer	as mention	ieu in ine j	лесеаing s	iaiemeni, and							

			t or reproduce nor shall it permit its it es of the receipts/invoices above-descri	machines or facilities to be used to print or ibed.
No	This certification is issued to and for all legal intents and purpose		(Name of Taxpayer) roses this may serve.	_ in compliance with BIR Regulations
	Done this	day of	at	
my kno			y that this certificate has been made in ursuant to the provisions of the Nationa	good faith, verified by me, and to the best of al Internal Revenue Code, as amended.
			Name of Printer Address TIN	
			By:	
			S	Signature Over Printed Name Authorized Representative
			Position: TIN	

The PCD shall cover receipts and invoices embodied in just one ATP Note:

of