

WORK ORDER

DELIVERY DUE DATE: 3 1 JUL 2024

Procurement Unit

Tel No.: 045-606-0142/606-8157

Supplier:

HIGH VISION BUILDERS CORPORATION

Address:

6th St. Sitio L.I. Binauganan, Tarlac City

TIN:

604-920-205-00000 VAT Reg.

Tel. No.:

0947-768-2043/0968-702-7282

Work Order No.: 2024-194

Date: 6/19/2024

JO No.: 2024-200

Date: 5/17/2024

Mode of Payment:

Mode of Procurement: Small Value n/15

SIR/MADAM:

You are hereby advised to accomplish/deliver the following job/work within Thirty (30) calendars days upon receipt of the Work Order as per quotation submitted by you duly approved by the TSU Committee on Bids

and Awards and the President of the Agency

QTY.	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
1	lot	LABOR AND MATERIALS: FABRICATION AND INSTALLATION OF AWNING WINDOW GLASS Replace and Installation of Damage Window Glass at the 4th floor Right wing Hallway window College of Education Bldg. Lucinda Campus 1 SET of Awning with fixed window on 6mm thk one way reflected tempered bronze glass (Exterior) in white powder coated aluminum frame including complete accessories	53,125.00	53,125,00

(Please read carefully at the back hereof)

Charge to: On - Would

ROANO .: 1019-04 7045

CONFORME & RECEIVE COPY:

HIGH VISION BUILDERS CORPORATION

Firm/Dealer/Supplier/Contractor

Bank Account Name:

Bank Account Number:

Bank Name: _____

Bank Address:

FUNDS AVAILABLE:

ASPERA: YAUDER, CPA

Budget Officer

APPROVED:

LD E. VELASCO President

Authorized Official

Form No.: TSU-PRO-SF 10 Revision No.: 01

Effectivity Date: March 01, 2017

Page 1 of 1



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(Please read carefully at the back hereof)

Charge to: O. Wuydl ROA No .: 1019-04 7045

CONFORME & RECEIVE COPY:



FUNDS AVAILABLE:

JASPERA. YAUDER, CPA

Budget Officer

Date

Firm/Dealer/Supplier/Contractor

Bank Account Name: ___ Bank Account Number:

Bank Name:

Bank Address: ____

APPROVED:

DR. ARNOLD E. VELASCO

President

Authorized Official

Effectivity Date: March 01, 2017 Page 1 of 1 Form No.: TSU-PRO-SF 10 Revision No.: 01