CONTRACT OF			
	WORK ORD	ER	
Procurement Tel No : 045-6	Unit 06-8142/606-8157	DELIVERY DUE DAT	E: Sept- 19- 20, 2024
TCR HUILD IN			
Supplier :	WOODINSPIRATIONS CRAFTS (KARMEN BLESILDA PASCUAL)	Work Order No.:	2024-288
Address : TIN : Tel. No. :	Gabay St., Pob. East, Sta Ignacia, Tarlac 179-789-298-000 Non-VAT 0917-834-0252	Date : JO No. Date :	<u>9/6/2024</u> <u>2024-320</u> <u>8/13/2024</u>
SIR/MADAM:		Mode of Procurement: Mode of Payment:	Small Value n/15

....

You are hereby advised to accomplish/deliver the following job/work on September 19-20, 2024 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 OF PLAQUE Plaque for the Baccalaureate Services on September 19, 2024 at TSU Gymnasium and 35th Commencement Exercises on September 20, 2024 at the TSU Gymnasium. -2 pcs Plaque 	2,600.00	2.600.00
12 an 111	1	(Please read carefully at the back he	reof)	
Charge to: 02. 1044 ROA No. : 1044-19-19 CONFORME & RECEIN WOODINSPIRATION Firm/Dealer/Supplie/Co 9/11/24 Date Bank Account Name: Bank Account Number:	VE COPY :		FUNDS AVAILABLE: JASPER A. Y. Budget	
Bank Name: Bank Address:		ATE THE REAL		dent 6
Form No.: TSU-PRO-S		Revision No.: 01	Authorize	d Official Page 1 of 1



WORK ORDER

Procurement Unit Tel. No.: 045-606-8142/606-8157 DELIVERY DUE DATE: Sept. 19-20,2024

Supplier :	<u>WOODINSPIRATIONS CRAFTS (KARMEN</u> BLESILDA PASCUAL)	Work Order No.:	2024-288
Address :	<u>Gabay St., Pob. East, Sta Ignacia, Tarlac</u>	Date :	9/6/2024
TIN :	<u>179-789-298-000 Non-VAT</u>	JO No.	2024-320
Tel. No. :	<u>0917-834-0252</u>	Date :	8/13/2024
SIR/MADAM:		Mode of Procurement:	Small Value
		Mode of Payment:	n/15

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		(Please read carefully at the back he	reof)	
Charge to: 02- WwW ROA No. : 1024 - 19 - CONFORME & RECEIV				
			FUNDS AVAILABLE:	2
WOODINSPIRATION irm/Dealer/Supplier/Co	NS CRAFTS (ontractor	KARMEN BLESILDA PASQUAL	JASPER A. Y. Budget	AUDER, CPA Officer
Date Bank Account Name:		(YKECEIVED)	APPROVED:	

Bank Name: ___

Bank Address: _

Bank Account Number: _____

Revision No.: 01

Effectivity Date: March 01, 2017

DR. ARNØL

E. VELASCO

Page 1 of 1

President Authorized Official