

Procurement Unit Tel No.: 045-606-8142

## **WORK ORDER**

Nov. 27 -29, 2023

DELIVERY DUE DATE: COD

Supplier: SANDS OF TRIBOA RESORTS AND SPA INC.

Address: San Bernardino Highway, Port district, Airport Area,

Subic Bay, 2222 Freeport Zone, Zambales

TIN: 007-765-852-00000 Non-VAT

Tel. No.: 0917-114-1111

SIR/MADAM:

Work Order No.: 2023-255

Date: 11/16/2023

JO No.: <u>2023-284</u> Date: 10/12/2023

Mode of Procurement: Small Value

Mode of Payment: COD

You are hereby advised to accomplish/deliver the following joh/work on November 27-29, 2023 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

QTY.	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
1	lot	LABOR & MATERIALS: CATERING SERVICES Catering Services during the Annual University Planning on November 27-29, 2023, at Subic Bay Freeport Zone for 64 Administrative Council Members and 12 Boards of Regents Inclusion: Two (2) buffet breakfast, two (2) AM/PM snacks, two (2) buffet lunch, two (2) buffet dinner	975,840.00	975.840.00
			CZ, V, ;;	

(Please read carefully at the back hereof)

Charge to: 73' 144441

ROA No. . 7077 - (1-2464)

CONFORME & RECEIVE COPY:

SANDS OF TRIBOA RESORTS AND SPA INC.

Firm/Dealer/Supplier/Contractor

November 17 2023

Date

Bank Account Name: Sands of Triboa Resorts and Spa Inc.

Bank Account Number: 0000013130055

Bank Name: Security Bank

Form No.: TSU-PRO-SF 10

Bank Address: Balut Branch 49 Honorio Lopez Blvd Cor.

Revision No.: 01

Rosario Nicasio St. Balut Tondo Manila

APPROVED:

**FUNDS AVAILABLE:** 

DR. GRACEM: ROSETE
Vice President for Administration

YAUDER, CPA

Authorized Official

Effectivity Date: March 81, 2017

Page Nof 1



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		REC	21V-	

(Please read carefully at the back hereof)

Charge to: 77' 16441

ROA No.: 2073 - 11-2666

**CONFORME & RECEIVE COPY:** 

FUNDS AVAILABLE:

**JASPER** YAUDER, CPA

SANDS OF TRIBOA RESORTS AND SPA INC. Firm/Dealer/Supplier/Contractor

Date

Bank Account Name: \_

Bank Account Number: \_\_\_\_

Bank Name:

Bank Address: \_\_\_\_\_

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

DR. GRACEN. ROSETE

Vice President for Administration

Authorized Official

Effectivity Date: March 01, 2017

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