

Procurement Unit

SIR/MADAM:

Tel. No.: 045-606-8142/606-8157

DELIVERY DUE DATE:

Quarter ly one year

Supplier:

DEX INTERNATIONAL CO.

Address:

#1 Kalantiaw St., Cor. J.P Rizal Avenue, Proj. 4 Brgy, San Roque, Cuba-

TIN:

201-337-987-000 VAT Reg.

Tel. No.:

0632-912-6157/911-5907/439-8980

IO No.

2024-189

5/31/2024

2024-172

Date:

Date:

5/14/2024

Mode of Procurement: Direct Contracting

Work Order No.:

Mode of Payment: Quarterly

You are hereby advised to accomplish/deliver the following job/work Quarterly for One (1) year 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
		LABOR AND MATERIALS: ELEVATOR MAINTENANCE Preventive Maintenance for Junits Elevator located at CCS Bldg. San Isidro Campus, RICE Bldg. Lucinda Campus, and COMMERCIAL Bldg. Main Campus Supply of labor tools and consumable materials for the Quarterly preventive maintenance of Three (3) units Passenger Elevator 1 unit 800kgs Cap. x 5 stops "Journey" Passenger Elevator located at CCS Building = 25,000.00 Php 1 unit 800kgs Cap. x 4 stops "Journey" Passenger Elevator located at RICE Building = 25,000.00 Php 1 unit 800kgs Cap. x 4 stops "Journey" Passenger Elevator located at COMMERCIAL Building = 25,000.00 Php For One (1) year Contract of Preventive Maintenance I. MAINTENANCE SERVICE: 1. The service under this offer shall consist of quarterly inspection, adjustment and lubrication of machinery, motors. control parts and accessory equipment, including the hoisting and governor ropes, guide rails, switches and electrical wirings. 2. In addition, minor repair not exceeding one (1) day work shall be included in this offer. In the event where major repair works should be undertaken. such will be charged separately. provided that both parties consented in writing. 3. Consumable materials (i.e. lubricant, gear oil, grease, contact cleaner, etc.) needed during the month of preventive check-up shall be provided by the CONTRACTOR at its own expense. 4. The OWNER agrees that the cost of replacement parts found defective due to normal wear and tear or damaged due to abnormal operating conditions and the cost of the necessary labor for such replacement and repairs requiring changes and/or alterations, deviations or additions to the original	300,000,00	300,000.00

ROA No.: 2024 - 06- 1938

CONFORME & RECEIVE COPY:

MARK ANTHONY AGGABAO DEX INTERNATIONAL CO.

Firm/Dealer/Supplier/Contractor

Bank Account Name: DEX INTERNATIONAL CO.

Bank Account Number: 200023720287

Bank Name: FASTWEST BANK Bank Address: CUBAD PTUAZON



**FUNDS AVAILABLE:** 

JASPEBA. YAUDER, CPA **Budget Officer** 

APPROVED:

DR. ARNOLD E. VELASCO

President

Authorized Official

Effectivity Date: March 01, 2017

Form No.: TSU PRO-SF 10

Revision No.: 01

Page 1 of 4



Procurement Unit

Tel. No.: 045-606-8142/606-8157

DELIVERY DUE DATE: Quarterly for one year

Supplier:

DEX INTERNATIONAL CO.

Address:

#1 Kalantiaw St., Cor. J.P Rizal Avenue, Proj. 4 Brgy. San Roque, Cubao

TIN:

201-337-987-000 VAT Reg.

Tel. No.:

0632-912-6157/911-5907/439-8980

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5/31/2024

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QTY	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
	OWNER'S OWNER'S for the necinitiation of restricted CONTRAC' 5. The OW CONTRAC' II. TIME Of a. That all r CONTRAC' 8:00AM to to Saturday and as coor UNIVERSIT b. All out-of Sunday shareceipt of s. c. All inspect regular work charged separates. d. Emergence personnel in and OWNER Note: For Q trouble shoot Maintenance	NER must not utilize the unit during the TOR's inspection.  F SERVICING  regular services will be undertaken by the TOR during CONTRACTOR's regular working hours of 5:00PM within regular working days from Monday of in accordance with existing government regulations redinated/agreed upon with TARLAC STATE  'Y for a specific schedule per month.  f-service calls received during working days except all be responded within 24Hours or 1 day after aid back call.  Etion service shall be done during CONTRACTOR's reking days. If overtime becomes necessary, it will be parately in accordance with labor laws on overtime cy calls shall be provided (i.e. entrapment of inside the elevator) during regular working hours		

(Please read carefully at the back hereof)

Charge to: 62-104411 ROA No.: 1024-06-1838

CONFORME & RECEIVE GOPY

MARK ANTHONY AGGABATO DEX INTERNATIONAL CO.

Firm/Dealer/Supplier/Contractor

Bank Account Name: DEX INTERNATIONAL CO. Bank Account Number: 200023720287

Bank Name: EASTWEST BANK Bank Address: CUBAO PTUAZON

**FUNDS AVAILABLE:** 

JASPER A YAUDER, CPA Budget Officer

APPROVED:

DR. ARNOLD E. VELASCO

President Authorized Official

Form No.: TSU-PRO-SF 10

Revision No.: 01

Effectivity Date: March 01, 2

Page 2 of 4



Procurement Unit

SIR/MADAM:

Tel. No.: 045-606-8142/606-8157

DELIVERY DUE DATE:

Supplier:

DEX INTERNATIONAL CO.

Address:

#1 Kalantiaw St., Cor. J.P Rizal Avenue, Proj. 4 Brgy. San Roque, Cubac

TIN:

201-337-987-000 VAT Reg.

Tel. No.:

0632-912-6157/911-5907/439-8980

Date: IO No.

5/31/2024 2024-189

Date:

5/14/2024

Ande of Procurement: Direct Contracting

Mode of Payment: Quarterly

Work Order No.: 2024-172

You are hereby advised to accomplish/deliver the following job/work Quarterly for One (1) year 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 COS
	a. The THO THR 300, contrib. Up agree to ne used conding ording years fee as imple writte IV. The a. Pay receip preversion of the payme CONTRIBUTE TO THE TENT TO	DERVICE FEES The service fee for each quarter shall be SEVENTY FIVE DUSAND PESOS ONLY (Php 75,000.00) or equivalent to THE HUNDRED THOUSAND PESOS ONLY (Php 1,000.00) covering Four (4) visit a year duration of Tract.  For the expiration of the period covering the currently The drates of service, the CONTRACTOR shall have the right The gotiate for the increase in the cost of labor and materials The gotiate for the increase in the cost of labor and materials The gotiate for the increase in the cost of labor and materials The gotiate for the increase in the prevailing The gotiate for the increase in the quarterly service The gotiate for the increase in the quarterly service The gotiate for the increase in the quarterly service The gotiate for the increase in the quarterly service The gotiate for the increase in the quarterly service The gotiate for the increase in the quarterly service The gotiate for the increase in the quarterly service The gotiate for the succeeding The gotiate for the succeeding The gotiate for the gotiate for the gotiate for the same. The gotiate for gotiate for the gotiate for g		TOTAL COS

(Please read carefully at the back hereof)

Charge to: 07 - 20 Will ROA No.: 2024 - No - 1826

CONFORME & RECEIVE COPY

MARK ANTHONY AGGABAD DEX INTERNATIONAL CO.

Firm/Dealer/Supplier/Contractor

Bank Account Name: DEX INTERNATIONAL CO.

Bank Account Number: 200023720287

Bank Name: \_\_ FASTWEST BANK Bank Address: \_\_\_\_

CUBAO

**FUNDS AVAILABLE:** 

ASPER A VAUDER, CPA

**Budget Officer** 

APPROVED:

DR. ARNOLD E. VELASCO

Authorized Official

Effectivity Date: March 01, 20

Page 3 of 4

Form No.: TSU-PRO-SF 10

Revision No.: 01

6-6-2024



SIR/MADAM:

## **WORK ORDER**

Procurement Unit Tel. No.: 045-606-8142/606-8157 DELIVERY DUE DATE:

Quarterly One Year

Supplier:

DEX INTERNATIONAL CO.

Address:

#1 Kalantiaw St., Cor. J.P Rizal Avenue, Proj. 4 Brgy, San Roque, Cubao

TIN:

201-337-987-000 VAT Reg.

Tel. No.:

0632-912-6157/911-5907/439-8980

Work Order No.: 2024-172

Date:

5/31/2024

IO No.

2024-189

Date:

5/14/2024

Mode of Procurement: Direct Contracting

Mode of Payment: Quarterly

You are hereby advised to accomplish/deliver the following job/work Quarterly for One (1) year 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
	V. MAINTENANCE PLAN  a. Provide the necessary expertise, tools, instruments and materials  b. Submit progress report of accomplishment during the period of engagement  c. Submit Completion Certificate after Preventive Maintenance and Warranty Certificate for the parts install  VI. REMARKS:  a. Schedule of Preventive Maintenance shall be during regular working days only, for working holidays according to date shall be arrange and agreed upon by both parties.  ***********************************		

(Please read carefully at the back hereof)

Charge to: 02 - 2044 ROA No .: 2024-08-1238

CONFORME & RECEIVE COPY:

MARK ANTHONY 466ABAD

DEX INTERNATIONAL CO.

Firm/Dealer/Supplier/Contractor

Bank Account Name: DEX INTERNATIONAL CO. Bank Account Number: 200023720287

Bank Name: EASTWEST BANK

Bank Address: CUBAO PTMAZON

**FUNDS AVAILABLE:** 

JASPER A YAUDER, CPA

**Budget Officer** 

APPROVED:

DR. ARNOLD E. VELASCO

President Authorized Official

Effectivity Date: March 01, 201

Page 4 of 4

Form No.: TSU-PRO-SF 10

Revision No.: 01



DELIVERY DUE DATE:

Quarterly for

Procurement Unit

Tel. No.: 045-606-8142/606-8157

Supplier: **DEX INTERNATIONAL CO.** 

Address: #1 Kalantiaw St., Cor. J.P Rizal Avenue, Proj. 4 Brgy. San Roque, Cuba

TIN: 201-337-987-000 VAT Reg.

Tel. No.: 0632-912-6157/911-5907/439-8980

SIR/MADAM:

Work Order No.: 2024-172

Date: 5/31/2024

JO No. <u>2024-189</u>

Date: <u>5/14/2024</u>

Mode of Procurement: <u>Direct Contracting</u>

Mode of Payment: Quarterly

You are hereby advised to accomplish/deliver the following job/work **Quarterly for One (1)** year 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

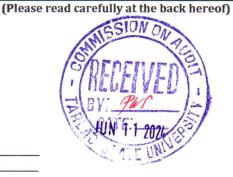
QTY	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
1	lot	LABOR AND MATERIALS: ELEVATOR MAINTENANCE Preventive Maintenance for 3 units Elevator located at CCS Bldg. San Isidro Campus, RICE Bldg. Lucinda Campus, and COMMERCIAL Bldg. Main Campus Supply of labor tools and consumable materials for the Quarterly preventive maintenance of Three (3) units Passenger Elevator 1 unit 800kgs Cap. x 5 stops "Journey" Passenger Elevator located at CCS Building = 25,000.00 Php 1 unit 800kgs Cap. x 4 stops "Journey" Passenger Elevator located at RICE Building = 25,000.00 Php 1 unit 800kgs Cap. x 4 stops "Journey" Passenger Elevator located at COMMERCIAL Building = 25,000.00 Php For One (1) year Contract of Preventive Maintenance I. MAINTENANCE SERVICE: 1. The service under this offer shall consist of quarterly inspection, adjustment and lubrication of machinery, motors. control parts and accessory equipment, including the hoisting and governor ropes, guide rails, switches and electrical wirings. 2. In addition, minor repair not exceeding one (1) day work shall be included in this offer. In the event where major repair works should be undertaken, such will be charged separately, provided that both parties consented in writing. 3. Consumable materials (i.e. lubricant, gear oil, grease, contact cleaner, etc.) needed during the month of preventive check-up	300,000.00	300,000.00
		shall be provided by the CONTRACTOR at its own expense.  4. The OWNER agrees that the cost of replacement parts found defective due to normal wear and tear or damaged due to abnormal operating conditions and the cost of the necessary		
		labor for such replacement and repairs requiring changes and/or alterations, deviations or additions to the original		

Charge to: 02 - 1044 /
ROA No.: 104 - 04 1924
CONFORME & RECEIVE COPY:

#### DEX INTERNATIONAL CO.

Firm/Dealer/Supplier/Contractor

Bank Account Name:	
Bank Account Number:	
Bank Name:	
Bank Address:	



FUNDS AVAILABLE:	2
JASPER A. Y.	AUDER, CPA

**Budget Officer** 

APPROVED:

DR. ARMOLD E. VELASCO

President
Authorized Official

Form No.: TSU-PRO-SF 10 Revision No.: 01 Effectivity Date: March 01, 2017 Page 1 of 4



**DELIVERY DUE DATE:** 

Quarterly One Year

Procurement Unit

Tel. No.: 045-606-8142/606-8157

Supplier:

SIR/MADAM:

**DEX INTERNATIONAL CO.** 

Address:

#1 Kalantiaw St., Cor. J.P Rizal Avenue, Proj. 4 Brgy. San Roque, Cubao

TIN:

201-337-987-000 VAT Reg.

Tel. No.:

0632-912-6157/911-5907/439-8980

Work Order No.: 2024-172 5/31/2024

Date:

IO No.

2024-189

Date:

5/14/2024

ode of Procurement: Direct Contracting

Mode of Payment: Quarterly

You are hereby advised to accomplish/deliver the following job/work Quarterly for One (1) year 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
		design of the subject matter of this agreement, will be for the		
		OWNER's account. However, the CONTRACTOR must obtain the		
		OWNER's approval in writing of the CONTRACTOR'S quotation		
		for the necessary labor and replacement parts before the actual	ı	
		initiation of work, provided that, the OWNER shall not be		
		restricted to buy such replacement parts from the		
		CONTRACTOR only.		
		5. The OWNER must not utilize the unit during the		
		CONTRACTOR's inspection.		
	1	II. TIME OF SERVICING		
		a. That all regular services will be undertaken by the		
		CONTRACTOR during CONTRACTOR's regular working hours of		
		8:00AM to 5:00PM within regular working days from Monday		
		to Saturday in accordance with existing government regulations		
		and as coordinated/agreed upon with TARLAC STATE		
		UNIVERSITY for a specific schedule per month.		
		b. All out-of-service calls received during working days except		
		Sunday shall be responded within 24Hours or 1 day after		
		receipt of said back call.		
		c. All inspection service shall be done during CONTRACTOR's		
		regular working days. If overtime becomes necessary, it will be		
		charged separately in accordance with labor laws on overtime	j	
	1	rates.		
		d. Emergency calls shall be provided (l.e. entrapment of		
		personnel inside the elevator) during regular working hours		
		and OWNER		
		<b>Note:</b> For Quarterly preventive maintenance, set back call for		
		trouble shooting covers only the month of Preventive		
		Maintenance schedule. The Succeeding set back call for trouble		
		shooting and repair will be charge accordingly.		

(Please read carefully at the back hereof)

Charge to: 02-18444 ROA No.: 2024-84. 1978

CONFORME & RECEIVE COPY:

#### DEX INTERNATIONAL CO.

Firm/Dealer/Supplier/Contractor

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

Bank Address: \_\_\_

Form No.: TSU-PRO-SF 10

Revision No.: 01



**FUNDS AVAILABLE:** 

JASPER A YAUDER, CPA

**Budget Officer** 

APPROVED:

DR. ARNOLD E. VELASCO

President

Authorized Official

Effectivity Date: March 01, 2

Page 2 of 4



Procurement Unit

Tel. No.: 045-606-8142/606-8157

DELIVERY DUE DATE:

Quarterly for one year

Supplier:

**DEX INTERNATIONAL CO.** 

Work Order No.: 2024-172

Address:

#1 Kalantiaw St., Cor. J.P Rizal Avenue, Proj. 4 Brgy. San Roque, Cubac

Date:

5/31/2024

TIN:

201-337-987-000 VAT Reg.

JO No.

2024-189

Tel. No.:

Date:

5/14/2024

0632-912-6157/911-5907/439-8980

Mode of Procurement: Direct Contracting

SIR/MADAM:

Mode of Payment: Quarterly

You are hereby advised to accomplish/deliver the following job/work Quarterly for One (1) year 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
		III. SERVICE FEES		
		a. The service fee for each quarter shall be <b>SEVENTY FIVE</b>		
		THOUSAND PESOS ONLY (Php 75,000.00) or equivalent to		
		THREE HUNDRED THOUSAND PESOS ONLY (Php		
	i	300,000.00) covering Four (4) visit a year duration of		
		contract.		
		b. Upon the expiration of the period covering the currently		
		agreed rates of service, the CONTRACTOR shall have the right		
		to negotiate for the increase in the cost of labor and materials		
		used for servicing of the elevator and the prevailing	1	
		conditions in the country (as required by existing laws and		
		ordinances) warrant such an increase during the succeeding		
		years. Provided, that, such increase in the quarterly service		
		fee as warranted by the circumstances shall be not		
		implemented unless and until the OWNER shall have given its		
		written consent to the same.	ļ	
		IV. TERMS OF PAYMENTS		
		a. Payment shall be due <b>Thirty (30 days)</b> from the date of		
		receipt of billing for every completion of the month of		
		preventive maintenance.		
		b. Should the OWNER fails to make payment within the		
		prescribed time, the CONTRACTOR, upon written notice to the		
		OWNER will have right suspend any service until and unless		
		payments for the service fees due have been received by the		
		CONTRACTOR with corresponding interest of 1%-2% per		
		month for overdue accounts. Provided, further, that the		
		OWNER shall not be held liable for any consequences when		
		such delay was due to cases beyond its control.		

(Please read carefully at the back hereof)

Charge to: 02-1044 ROA No.: 2021 828 CONFORME & RECEIVE COPY:

**DEX INTERNATIONAL CO.** 

Firm/Dealer/Supplier/Contractor

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

Bank Address:

**FUNDS AVAILABLE:** 

JASPER A VAUDER, CPA

**Budget Officer** 

APPROVED:

DR. ARNOLD E. VELASCO

Authorized Official

Form No.: TSU-PRO-SF 10

Revision No.: 01

Effectivity Date: March 01, 20

Page 3 of 4



Procurement Unit

SIR/MADAM:

Tel. No.: 045-606-8142/606-8157

**DELIVERY DUE DATE:** 

Work Order No.: 2024-172

Quarterly One Tear

Supplier: DEX INTERNATIONAL CO.

Address:

#1 Kalantiaw St., Cor. J.P Rizal Avenue, Proj. 4 Brgy. San Roque, Cubao

TIN:

201-337-987-000 VAT Reg.

Tel. No.:

0632-912-6157/911-5907/439-8980

JO No.

5/31/2024

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2024-189

Date:

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Mode of Procurement: Direct Contracting

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	V. MAINTENANCE PLAN  a. Provide the necessary expertise, tools, instruments and materials  b. Submit progress report of accomplishment during the period of engagement  c. Submit Completion Certificate after Preventive Maintenance and Warranty Certificate for the parts install  VI. REMARKS:  a. Schedule of Preventive Maintenance shall be during regular working days only, for working holidays according to date shall be arrange and agreed upon by both parties.  ***********************************		

(Please read carefully at the back hereof)

Charge to: Ok Mu441 ROA No.: 2041-06-1838

CONFORME & RECEIVE COPY:

#### DEX INTERNATIONAL CO.

Firm/Dealer/Supplier/Contractor

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

Bank Name: \_ Bank Address: \_

Form No.: TSU-PRO-SF 10

Revision No.: 01

FUNDS AVAILABLE:

JASPER A. YAUDER, CPA

**Budget Officer** 

APPROVED:

DR. ARNOLD E. VELASCO

President

Authorized Official

Effectivity Date March 01, 201

Page 4 of 4