

WORK ORDER

Procurement Unit

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

DELIVERY DUE DATE:

11/6/24

Supplier:

ESCARREON CONSTRUCTION SERVICES

Work Order No.:

2024-333

Address:

3933 Yakal St. Marcons, Phase 1, Dau, Mabalacat City Pampapnga

Date:

10/11/2024

TIN .

208-603-963-000 VAT Reg.

10 No.

2024-355

Tel. No.:

0923-736-6375

Date:

9/5/2024

Mode of Procurement: Small Value

Mode of Payment: n/15

SIR/MADAM:

You are hereby advised to accomplish/deliver the following job/work within Twenty (20) calendar 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: REPAIR OF DENTAL CHAIR SERVICES Recondition of Dental Chair in the TSU Main Campus Dental Clinic. 1 Unit of Detal Chair Repair all the mechanism, Replacement water tubing Hose for saliva ejector, cuspidor, and valve, total repainting of the Dental Chair	115,920.00	115.920.00

(Please read carefully at the back hereof)

Charge to: 02 . 20 6441 ROA No.: 2024 - 10 - 8357

CONFORME & RECEIVE COPY:

FUNDS AVAILABLE:

STRYICES APPROVED:

JASPER A. YAUDER, CPA

Budget Officer

ESCARREON CONSTRUCTION SERVICES

Firm/Dealer/Supplier/Contractor

Bank Account Name: ESCAPENEON CONSTRUCTION

Bank Account Number:

Bank Name: __

Bank Address: CM HYPERMANKET

DR. ARNOLD E. VELASCO



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11/6/24

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

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(Please read carefully at the back hereof)

Charge to: 02 · 704441 ROA No.: 11-10 .3357 CONFORME & RECEIVE COPY:



FUNDS AVAILABLE:

ASPERA. YAUDER, CPA

Budget Officer

Date

Firm/Dealer/Supplier/Contractor

ESCARREON CONSTRUCTION SERVICES

Bank Account Name: ___

Bank Account Number: ____ Bank Name:

Bank Address:

APPROVED:

DR. ARNOLD E. VELASCO

President

Authorized Official

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

Effectivity Date: March 01, 2017 Page 1 of 1