

WORK ORDER

DELIVERY DUE DATE:

12 25 1020

tel No. 045-606-8142 (e06-8157

Supplier:

ENVIROCARE MGT. PRECISION, INC.

Address:

Rm. 542, Wellington Bldg., Padre Quintin Paredes St.,

Binondo, Manila

TIN:

006-642-888-000

Tel. No :

0917-635-3717

Work Order No. 2020 0600

Date

11/11/2020

10 No. :

2020 075

Date

8/28/2020

Moderal Commissions

Smellide

Made of Payment

11/30

SIR/MADAM

You are hereby advised to accomplish/deliver the following job/work within Thirty [30] calcod a state upon receipt of the Work Order as per quotation submitted by you duly approved by the TSU Committee on Roband Aviana and the President of the Agency

QTY.	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
1	lot	TRANSPORT, TREATMENT, AND DISPOSAL OF HAZARDOUS WASTE BY DENR ACCREDITED HAZARDOUS WASTE TRANSPORTER AND TSD FACILITY, IN ACCORDANCE WITH DENR APPROVED PROTOCOLS Treatment, transport and disposal of hazardous waste: They shall provide certificate of treatment and certificate of final disposal, and provide hazardous waste manifest Warranty: 3 Months	120,000.00	120,000,00
			COMMISSI ICURAL	EIIVED

(Please read carefully at the back hereof)

Charge to: 15.

ROA No 01-14 941- 2020-11-14/11

BIANIA VINCHUN

ENVIROCARE MGT. PRECISION, INC.

Ferm/Dealgr/Supplier/Contractor

1 25 2020

Date

Bank Account Name ENVIROCARE MET PRECISION, INC.
Bank Account Number 4763-0472-24

Bank Name BANK OF THE PHILIPPINE ISLAND Bank Address: BUINTIN PAREDES ST., BINONDO, MANILA

RECEIVED COPY:

DATE JO/PR RECEIVED:

Form No. TSU-PRO-SF 10 Revision No. 01 FUNDS AVAILABLE.

HE Alexander Little

APPROVED:

DR. MARLON Y

VP Admin & France

Authorized Otto



WORK ORDER

DELIVERY DUE DATE:

Work Order No.:

12/25/2020

Procurement Unit

Address:

Tel. No.:

TIN:

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

ENVIROCARE MGT. PRECISION, INC. Supplier:

Rm. 542, Wellington Bldg., Padre Quintin Paredes St.,

Date:

2020-068 11/11/2020

Binondo, Manila

10 No.:

2020-075

006-642-888-000

8/28/2020

0917-635-3717

Date:

Mode of Procurement:

Small Value

Mode of Payment:

n/30

SIR/MADAM:

You are hereby advised to accomplish/deliver the following job/work within Thirty (30) 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	TRANSPORT, TREATMENT, AND DISPOSAL OF HAZARDOUS WASTE BY DENR ACCREDITED HAZARDOUS WASTE TRANSPORTER AND TSD FACILITY, IN ACCORDANCE WITH DENR APPROVED PROTOCOLS Treatment, transport and disposal of hazardous waste: They shall provide certificate of treatment and certificate of final disposal, and provide hazardous waste manifest	120,000.00	120,000.00
		Warranty: 3 Months ************************************	COMMISSION ON RECEIVED 25 N	AUDIT TSU, V.E.D

(Please read carefully at the back hereof)

Charge to: 05 ROA No.: 11-20(44)- 2010-||-146| CONFORME & RECEIVE COPY:

ENVIROCARE MGT. PRECISION, INC.

FUNDS AVAILABLE:

T. TEOFILO

HEAD, Budget Office

Date

Firm/Dealer/Supplier/Contractor

Bank Account Name: ___ Bank Account Number: _____

Bank Name:

Bank Address: ___

RECEIVED COPY:

DATE JO/PR RECEIVED:

Form No.: TSU-PRO-SF 10

Revision No.: 01

DR. MARLON V.

Effectivity Date: March 01, 2017

APPROVED:

VP, Admin. & Finance

Authorized Officia

Page 1 of 1