



WORK ORDER

DELIVERY DUE DATE:

12/8/23

Procurement Unit
Telefax No.: 045-606-8142

Supplier : **INNOVATIVE CONCEPT MARKETING**
Address : Unit B, Surehot Sportville 2848, Jose Abad Santos St., Tondo, Manila
TIN : 175-740-204-000
Tel. No. : 0917-531-7202

Work Order No.: 2023-162

Date : 8/4/2023

JO No. : 2023-085

Date : 4/3/2023

Mode of Procurement: Small Value *Direct Contracting*

Mode of Payment: n/15

SIR/MADAM:

You are hereby advised to accomplish/deliver the following job/work within **One Hundred Twenty (120)** 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 AND MAINTENANCE SERVICES Repair and Maintenance of Electrical Power Engineering Trainer Preventive Maintenance and Calibration of: Three (3) phase Transformer Module Serial No.: 1113703 ; Model: 74550 Scope of Work and Supply: a. Pick-up at Tarlac State University b. Dis-assembly of damaged coil c. Replacement of brand-new coil d. Testing and Calibration e. Delivery at Tarlac State University Warranty: Six (6) months upon delivery and acceptance *****	105,028.00	<u>105,028.00</u>

(Please read carefully at the back hereof)

COMMISSION ON AUDIT - TSU

Charge to: 02-Misc
ROA No.: 2023-08-180
CONFIRME & RECEIVE COPY :



FUNDS AVAILABLE:

JASPER A. YAUDER, CPA

Budget Officer

Rafael L. Salvania
INNOVATIVE CONCEPT MARKETING

Firm/Dealer/Supplier/Contractor

August 10, 2023

Date

Bank Account Name: Innovative Concept Marketing

Bank Account Number: 0661-0924-59

Bank Name: Landbank of the Philippines

Bank Address: Quezon Avenue Branch

APPROVED:

DR. GRACE N. ROSETE

Vice President for Administration

Authorized Official



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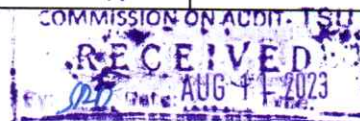
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(Please read carefully at the back hereof)

Charge to: 02-200491
ROA No. : 2023-08-1860
CONFORME & RECEIVE COPY :



FUNDS AVAILABLE:

JASPER A. YAUDER, CPA
Budget Officer

INNOVATIVE CONCEPT MARKETING

Firm/Dealer/Supplier/Contractor

Date _____
Bank Account Name: _____
Bank Account Number: _____
Bank Name: _____
Bank Address: _____

APPROVED:

DR. GRACE N. ROSETE
Vice President for Administration
Authorized Official