



WORK ORDER

DELIVERY DUE DATE: February 14, 2024

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

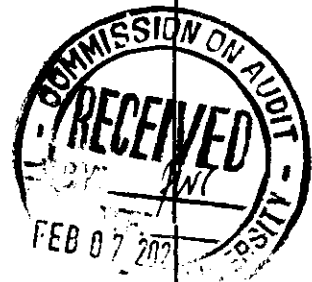
Supplier : **ALBERT IGNACIO AUDIO AND LIGHTS RENTAL**
Address : **5 Catalan, San Isidro (Pob.) La Paz Tarlac**
TIN : **199-927-502-00000 Non-VAT**
Tel. No. : **0932-662-7357**

Work Order No.: **2024-016**
Date : **02/02/2024**
JO No. : **2024-006**
Date : **01/23/2024**
Mode of Procurement: **Small Value**
Mode of Payment: **n/10**

SIR/MADAM:

You are hereby advised to accomplish/deliver the following job/work on **February 14, 2024** 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	<p>LABOR AND MATERIALS: RENTAL OF SOUND SYSTEM SERVICES</p> <p>Rental of Lights and Sounds, LED Wall, and Full Band Set-Up SAS WEEK-BATTLE OF THE BANDS on February 14, 2024 @ 4:00 pm - 11:00 pm</p> <p>Specifications: *4 UNITS-DBTECH DUAL 15" ACTIVE SPEAKER *4 UNITS-AIIDIO ACTIVE DIIAL.18" SUB SPEAKER *1 UNIT-12 CHANEL MIXER *1 UNIT - KOSMO LIGHTS CONTROLLER *4 UNITS-AMS WIRELESS MICROPHONE *6 UNITS - AEROLITES BEAM 360*8 UNITS-RGBW PAR LED *8UNITS-WHITE AMBER PAR LED *1 UNIT-SMOKE MACHINE *2 UNITS-LIGHTS STAND *4 UNITS-MICROPHONE STAND *1 UNIT - LAPTOP *1 LOT-CABLE AND WIRES *1 RACK - MAIN BREAKER BAND INSTRUMENTS: *1 SET-PACIFIC DRUM W/ZILDJIAN CYMBALS *1 UNIT -AMPEG AMPLIFIER W/ 8X10 CABINET *1 UNIT-FENDER MUSTANG AMPLIFIER *1 UNIT-PEAVEY KB5 AMPLIFIER *1 SET-SHURE DRUM KIT MICROPHONE *2 UNITS-MICROPHONE STAND *2 UNITS-LYRICS STAN LEDWALL: 1 SET - P3 AEROLED LEDWALL (9X12FT.)</p> <p>*****</p>	44,000.00	44,000.00



(Please read carefully at the back hereof)

Charge to: **02-20644**
ROA No. : **1924-02-0325**
CONFORME & RECEIVE COPY: *[Signature]* **2/7/24**

ALBERT IGNACIO AUDIO AND LIGHTS RENTAL
Firm/Dealer/Supplier/Contractor

FUNDS AVAILABLE:
[Signature]
JASPER A. YAUDER, CPA
Budget Officer

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

APPROVED:
[Signature]
DR. GRACEN ROSETE
Vice President for Administration
Authorized Official *[Signature]*