



WORK ORDER

DELIVERY DUE DATE: 7/17/2021

Procurement Unit
Telefax No.: 045-982-4630

| | | | |
|-------------------|--|-----------------------------|--------------------|
| Supplier : | EXTREME COOL REF & AIRCONDITIONING SERVICES & TRADING | Work Order No.: | 2021-061 |
| Address : | McArthur HI-Way, Brgy. San Vicente, Apalit, Pampanga | Date : | 06/01/2021 |
| TIN: | 912-049-467-000 VAT Reg. | JO No. : | 2021-049 |
| Tel. No. : | 0922-885-9553 | Date : | 03/04/2021 |
| | | Mode of Procurement: | Small Value |
| | | Mode of Payment: | N/30 |

SIR/MADAM:

You are hereby advised to accomplish/deliver the following job/work within 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 | LABOR & MATERIALS: ACU MAINTENANCE Preventive / Cleaning Maintenance of Split Type ACU for Main & Lucinda Campus Warranty: 90 days | 248,642.00 | 248,642.00 |

COMMISSION ON AUDIT
RECEIVED
By: *chy* Date: *12 JUN 2021*

(Please read carefully at the back hereof)

Charge to: 01-206441-2021-04-0799

ROA No.:

CONFORME & RECEIVE COPY:

Edson M. Dimzon

FUNDS AVAILABLE:

Elena May T. Tefilo
ELENA MAY T. TEOFILO
Budget Officer

EXTREME COOL REF & AIRCONDITIONING SERVICES & TRADING

Firm/Dealer/Supplier/Contractor

June 17, 2021

Date

Bank Account Name: Extreme Cool Ref & Airconditioning Services & Trading

Bank Account Number: 230-162-8604

Bank Name: B.P.I

Bank Address: Apalit Pampanga

APPROVED:

Dr. Armee N. Rosel
DR. ARMEE N. ROSEL

VP, Research and Extension Services
Authorized Official

Form No. : TSU-PRO-SF 10

Revision No.: 01

Effectivity Date: March 01, 2017

Page 1 of 1

ok noted 6/21/2021



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Telefax No.: 045-982-4630

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COMMISSION ON AUDITS
RECEIVED
 By: *[Signature]* Date: 22 JUN 2021

(Please read carefully at the back hereof)

Charge to: 02-206441-2021-06-0399
ROA No. :
CONFORME & RECEIVE COPY :

EXTREME COOL REF & AIRCONDITIONING SERVICES & TRADING
Firm/Dealer/Supplier/Contractor

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

FUNDS AVAILABLE:

[Signature]
ELENA MAY T. TEOFILO
Budget Officer

APPROVED:

[Signature]
DR. ARMEE N. ROSEL

VP, Research and Extension Services
Authorized Official *[Signature]*