



WORK ORDER

DELIVERY DUE DATE: 12/2/23

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

Supplier : **GREGMAN'S GENERAL MERCHANDISE**
Address : Zamora St., San Roque, Tarlac City
TIN: 157-742-805-000 VAT Reg.
Tel. No. : 0969-503-1228 / (045) 982-2320

Work Order No.: 2023-254
Date : 11/10/2023
JO No. : 2023-261
Date : 9/29/2023
Mode of Procurement: Shopping
Mode of Payment: n/15

SIR/MADAM:

You are hereby advised to accomplish/deliver the following job/work within **Ten (10)** 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: FABRICATION OF SELF-INKING STAMP (2pcs) STAMP, Self-inking, customized for Controlled Copy (color green), size 58mmX22mm (2pcs) STAMP, Self-inking, customized for TSU Externally Generated (color grey), size 58mmx22mm (2pcs) STAMP, Self-inking, customized for TSU Master Copy (color blue), size 58mmx22mm (2pcs) STAMP, Self-inking customized for TSU Obsolete (color red), size 58mmx22mm (2pcs) STAMP, Self-inking, customized for TSU Uncontrolled Copy (color purple), size 58mmx22mm (1pc) STAMP, Self-inking, Customized (Office/ Unit Name) "Received" Stamp, 1-5/16in.x 2-1/4 in., up to 2 lines of text below date (1pc) Stamp, Certified True Copy (see attached photo) *****	14,000.00	<u>14,000.00</u>

(Please read carefully at the back hereof)

Charge to: 02-10201-2023
ROA No.: 11-0858
CONFORME & RECEIVE COPY:

11/22/23
GREGMAN'S GENERAL MERCHANDISE
Firm/Dealer/Supplier/Contractor

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

NOV 22 2023

FUNDS AVAILABLE:

JASPER A. YAUDER, CPA
Budget Officer

APPROVED:

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