



WORK ORDER

DELIVERY DUE DATE:

Procurement Unit
Telefax No.: 045-982-4630

Supplier :	IP SOLUTIONS, INC.	Work Order No.:	<u>2019-027</u>
Address :	<u>Unit 502 Solare Bldg., Capri Oasis, Pasig Dr. Sixto Antonio Ave., Maybunga, Pasig City</u>	Date :	<u>2/19/2019</u>
TIN:	<u>008-924-552-000 VAT Reg.</u>	JO No. :	<u>2019-024</u>
Tel. No. :	<u>(02) 514-4575</u>	Date :	<u>1/24/2019</u>
		Mode of Procurement:	<u>Direct Contracting</u>
		Mode of Payment:	<u>N/30</u>

SIR/MADAM:

You are hereby advised to accomplish/deliver the following job/work for one (1) year 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	NETWORK INFRASTRUCTURE SUBSCRIPTION (Renewal of Fortinet Subscription for 1 year)	412,000.00	<u>412,000.00</u>

COMMISSION ON AUDIT- TSU
RECEIVED
 By: [Signature] Date: FEB 21 2019 Time: _____

(Please read carefully at the back hereof)

Charge to:
ROA No. :
COPYFORME & RECEIVE COPY :

[Signature]
Janna V. Zacate
IP SOLUTIONS, INC.
 Firm/Dealer/Supplier/Contractor
February 21, 2019
 Date

Bank Account Name: IPSOLUTIONS INC.
 Bank Account Number: 1641-1017-25
 Bank Name: Land Bank of the Philippines
 Bank Address: Pasig - C. Raymundo Branch

FUNDS AVAILABLE:
[Signature]
JESUS S. DANGANAN
 Budget Officer IV

APPROVED:
[Signature]
DR. GLENARD T. MADRAGA
 VP, Admin. & Finance
 Authorized Official

Handwritten note:
checked
2/21/19



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Procurement Unit
Telefax No.: 045-982-4630

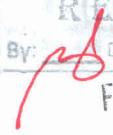
Supplier : **IP SOLUTIONS, INC.**
Address : Unit 502 Solare Bldg., Capri Oasis, Pasig Dr. Sixto Antonio Ave.,
Maybunga, Pasig City
TIN: 008-924-552-000 VAT Reg.
Tel. No. : (02) 514-4575

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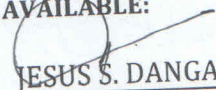
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ROA No. :
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FUNDS AVAILABLE:


JESUS S. DANGANAN
Budget Officer IV

APPROVED:


DR. GLENARD T. MADRIAGA
VP, Admin. & Finance
Authorized Official

IP SOLUTIONS, INC.
Firm, Dealer/Supplier/Contractor

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

Form No. : TSU-PRO-SF 10

Revision No.: 01

Effectivity Date: March 01, 2017

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