



WORK ORDER

DELIVERY DUE DATE: February 17, 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.: **2024-017**
Date : **02/02/2024**
JO No. : **2024-005**
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 17, 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 Sound system Lights and LED Screen, for the Testimonial Dinner Celebration for the March 2023 and october 2023 LEPT Topnotchers and Boardpassers of College of Education on February 17, 2024 (4:00 pm to 10:00 pm) at TSU Hotel</p> <p>List of Equipment included:</p> <p>A. Audio system -12 units DBTECH215A Powered Speaker; -4 units RCF745 Floor Monitor; -4 units Nexo 18 Sub; -2 units Sound Logic Speaker 12A for Fillers; -1 unit Power Amp; -4 units Tripod; -2 pcs Wired Goose Neck (condenser) Microphones; -4 units Wireless Microphones; -1 unit MG32/114FX Yamaha Mixer Console; -1 rack Audio Processor; -2 pcs Microphone stand; -1 unit PC Laptop; -1 lot Audio Signal and Extension; -11 roll Snake Cable; -4 pcs Music Stand;</p> <p>B. Lightings -16 units RGBW 3WLED PAR 3W; -8 units AMBER White 3W par C. LED; -4 pcs Light Stand CRNAK 15ft; -4 units Wireless TX/RX DMX (wireless solution) with LED Screen 19ft x 12ft</p> <p>*****</p>	28,000.00	28,000.00



(Please read carefully at the back hereof)

Charge to: **02-10210**
ROA No.: **2024-02-0049**
CONFORME & RECEIVE COPY: **2/7/24**

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

FUNDS AVAILABLE:
JASPER A. YAUDER, CPA
Budget Officer

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

APPROVED:
DR. GRACE M. ROSETE
Vice President for Administration
Authorized Official