



# WORK ORDER

**DELIVERY DUE DATE:** 2/14/24

Procurement Unit  
Tel No.: 045-606-0142/ 606-8157

Supplier : **CGM GLASS & ALUMINUM SUPPLY**  
Address : **San Vicente, Tarlac City**  
TIN : **139-568-361-000**  
Tel. No. : **0917-582-0148**

Work Order No.: **2024-009**  
Date : **1/18/2024**  
JO No. : **2023-320**  
Date : **12/13/2023**  
Mode of Procurement: **Small Value**  
Mode of Payment: **n/15**

SIR/MADAM:

You are hereby advised to accomplish/deliver the following job/work within **Fifteen (15)** calendars 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	<b>LABOR AND MATERIALS: REPLACEMENT AND INSTALLATION OF GLASS SERVICES</b> Replacement and Installation of 1pc Damage Fixed Glass at the Admin. Building Main Campus *****	8,200.00	<b><u>8,200.00</u></b>

(Please read carefully at the back hereof)

Charge to: *02-200441*  
ROA No. : *2024-01-0274*  
CONFORME & RECEIVE COPY :

**CGM GLASS & ALUMINUM SUPPLY**  
Firm/Dealer/Supplier/Contractor

Date

Bank Account Name: \_\_\_\_\_  
Bank Account Number: \_\_\_\_\_  
Bank Name: \_\_\_\_\_  
Bank Address: \_\_\_\_\_



**FUNDS AVAILABLE:**

*[Signature]*  
**JASPER A. YAUDER, CPA**  
Budget Officer

**APPROVED:**

*[Signature]*  
**DR. GRACE N. ROSETE**  
Vice President for Administration  
Authorized Official