



WORK ORDER

DELIVERY DUE DATE: 1/17/24

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

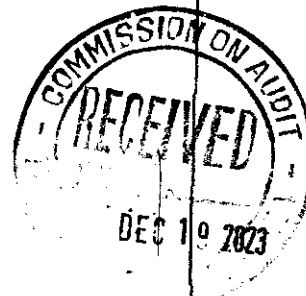
Supplier: **DEX INTERNATIONAL CO.**
Address: **#1 Kalantiaw St. Cor. J.P. Rizal Avenue, Proj. 4 Brgy. San Roque, Cubao**
TIN: **201-337-987-000 VAT Reg.**
Tel. No.: **0908-883-5233 / 0917-850-3402**

Work Order No.: **2023-272**
Date: **12/6/2023**
JO No.: **2023-294**
Date: **10/24/2023**
Mode of Procurement: **Direct Contracting**
Mode of Payment: **n/15**

SIR/MADAM:

You are hereby advised to accomplish/deliver the following job/work within **Thirty (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 AND MATERIALS: REPLACED AND INSTALL ELEVATOR PARTS SERVICES Replaced and Install of Elevator Parts for 3 units Elevator located at CCS Bldg., RICE Bldg., and Commercial Bldg. "Journey" 800kgs. Cap x 5 Stop Passenger Elevator (CCS Bldg.) "Journey" 800kgs. Cap x 4 Stop Passenger Elevator (RICE Bldg.) "Journey" 800kgs. Cap x 4 Stop Passenger Elevator (Com. Bldg.) warranty: 1 year for ARD & AVR Parts, 8 months for Cross Fan, Cabin Lights & HOP Board *****	820,000.00	820,000.00



(Please read carefully at the back hereof)

Charge to: **02-206441**
ROA No.: **2023-19-2920**
CONFORME & RECEIVE COPY:

MARK ANTHONY AGGABAO 12/8/23
DEX INTERNATIONAL CO.

Firm/Dealer/Supplier/Contractor

Bank Account Name: **DEX INTERNATIONAL CO.**
Bank Account Number: **200023720287**
Bank Name: **EASTWEST BANK**
Bank Address: **GF Prince John Condominiums**
No. 271 P. Trason Ave. corner 18th Ave
Cubao Quezon City

FUNDS AVAILABLE:
JASPER A. YAUDER, CPA
Budget Officer

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



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(Please read carefully at the back hereof)

Charge to: **02-206441**
ROA No.: **2023-12-1920**
CONFORME & RECEIVE COPY:

DEX INTERNATIONAL CO.
Firm/Dealer/Supplier/Contractor

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

FUNDS AVAILABLE:

JASPER A. YAUDER, CPA
Budget Officer

APPROVED:

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