



WORK ORDER

DELIVERY DUE DATE: 26 DEC 2024

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

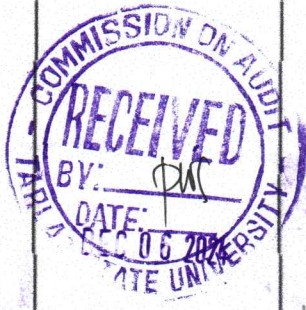
Supplier : **ECHEM ENVIRONMENTAL TESTING LABORATORY CORPORATION**
Address : **Blk 22, Lot 6A, Golden Sun 999 Industrial Park, San Pablo Libutad, San Simon, Pampaga**
TIN : **009-797-913-00000 VAT Reg.**
Tel. No. : **0917-164-2944**

Work Order No.: 2024-395
Date : 12/05/2024
JO No. : 2024-441
Date : 11/08/2024
Mode of Procurement: Small Value
Mode of Payment: n/15

SIR/MADAM:

You are hereby advised to accomplish/deliver the following job/work within **Twenty (20)** 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: EFFLUENT TESTING AND ANALYSIS TSU Main Campus - Effluent Testing and Analysis by an Accredited Department of Environment and Natural Resources - Environmental Management Bureau (DENR-EMB) service provider using the parameters based on the Discharge Permit. 1 Ammonia 600.00 1 Biochemical Oxygen Demand (BOD) 820.00 1 Fecal Coliform 1000.00 1 Surfactants 1000.00 1 Phosphate 500.00 1 Nitrate 625.00 1 Oil and Grease 750.00 1 Mobilization and Sampling Fee 1700.00 Courier Fee 150.00 <i>warranty: 30 days</i>	7,145.00	<u>7,145.00</u>



(Please read carefully at the back hereof)

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

[Signature]
Jershey Micah S. Yabut
ECHEM ENVIRONMENTAL TESTING LABORATORY CORPORATION
Firm/Dealer/Supplier/Contractor
06 December 2024
Date

FUNDS AVAILABLE:
[Signature]
JASPER A YAUDER, CPA
Budget Officer

Bank Account Name: Echem Environmental Testing Laboratory Corp.
Bank Account Number: 372-7-3725-1674-3
Bank Name: Metrobank
Bank Address: San Fernando Dolores - Mc Arthur

APPROVED:
[Signature]
DR. ARNOLD E. VELASCO
President
Authorized Official
DEC 06 2024



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JASPER A. YAUDER, CPA

Budget Officer

ECHEM ENVIRONMENTAL TESTING LABORATORY CORPORATION

Firm/Dealer/Supplier/Contractor

Date

Bank Account Name: _____

Bank Account Number: _____

Bank Name: _____

Bank Address: _____

APPROVED:

DR. ARNOLD E. VELASCO

President

Authorized Official