



WORK ORDER

DELIVERY DUE DATE: 3-19-23

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
Tel. No. : 0932-662-7357

Work Order No.: 2023-038
Date : 3/7/2023
JO No. : 2023-048
Date : 2/23/2023
Mode of Procurement: Small Value
Mode of Payment: n/15

SIR/MADAM:

You are hereby advised to accomplish/deliver the following job/work within **Ten (10) 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: RENTAL SERVICES SOUND SYSTEM: 4 Units VRX Line Array Speakers, 4 units 15* Powered Speakers (Monitor), 4 units 18* Subwoofer 2 units speaker amplifier 2000 watts, 2 units Crank stand (for line array speakers), 1 unit yamaha MGP24X Mixer, 1 unit Behringer 15 Band Equalizer, 1 unit BDX Drive Rack, 1 unit Behringer Crossover, 1 unit Macbook Pro Laptop, 4 units Wireless Microphone, 4 units Microphone Stand, 1 lot Wires and Cables LIGHTING: 16 units Par LED RGBW, 8 units Amber/White Par LED, 6 units Sharpy Beam, 1 unit Smoke 7RI unit Mini Pearl Titan Controller 6 units T-Bar Stand , 2sets Trusses for Beam, 1 unit Smoke Machine Power Distribution System, 1 lot Wires and Cables. LED WALL: 1 set Dicolor Arcled P3 LED Wall (9ft x 12ft) RGB Link XI Processor Roland V40HD Video Switcher Acer ES15 Core i5 Laptop LEDwall Riser 2-4 feet 1 lot Cables and Connectors <p style="text-align: center;">*****</p>	37,000.00	<u>37,000.00</u>

COMMISSION ON AGENCIES TSU

RECEIVED

DATE MAR 09 2023

(Please read carefully at the back hereof)

Charge to: 02 206441
ROA No. : 2023 03 0502
CONFORME & RECEIVE COPY:

[Signature] 3/9/23

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

FUNDS AVAILABLE:

[Signature]
JASPER A. YAUDER, CPA
Budget Officer

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

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