



WORK ORDER

DELIVERY DUE DATE: C.O.D

Procurement Unit
Telefax No.: 045-982-4630


Supplier : **GLORIA'S EMISSION TESTING CENTER**
Address : **Macabulos Dr. Brgy. San Roque, Tarlac City**
TIN : **405-183-384-001 Non-VAT**
Tel. No. : **0916-662-3833**

Work Order No.: **2024-195**
Date : **6/19/2024**
JO No. : **2024-213**
Date : **5/24/2024**

Mode of Procurement: **Small Value**
Mode of Payment: **COD**


SIR/MADAM:


You are hereby advised to accomplish/deliver the following job/work 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	EMISSION TESTING SERVICES Emission Testing for the following TSU Vehicles: Coaster POL-584 and Coaster P2-N458 ***** 	1,200.00	1,200.00

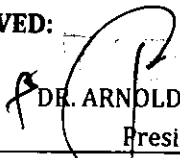

(Please read carefully at the back hereof)

Charge to: *02-700444*
ROA No.: *2024-06-005*
CONFORME & RECEIVE COPY :


GLORIA'S EMISSION TESTING CENTER
Firm/Dealer/Supplier/Contractor
6/20/24
Date

FUNDS AVAILABLE:

JASPER A. YAUDER, CPA
Budget Officer

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

APPROVED:

DR. ARNOLD E. VELASCO
President *Arnold Velasco*
Authorized Official 

RECEIVED COPY:
DATE JO/PR RECEIVED: