



# WORK ORDER

**DELIVERY DUE DATE: 3/5/24**

Procurement Unit  
Telefax No.: 045-982-4630

Supplier : **3-TECH INNOVATION MASTER CORP.**  
Address : UG 21 Star Centrum 317 Gil Puyat Avenue, Makati City  
TIN: 008-207-771-00000  
Tel. No. : 0944-329-7876 / 0977-817-9992

Work Order No.: 2024-014

Date : 2/2/2024

JO No. : 2024-004

Date : 1/9/2024

Mode of Procurement: Direct Contracting

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	<b>SUBSCRIPTION FOR ADOBE CREATIVE CLOUD SERVICES</b> (Adobe Creative Cloud for Teams Subscription) 65272481BB01A12 Creative Cloud for teams All Apps Subscription Renewal Education Named License Named Level 1 1-9 1 year *****	33,000.00	<u>33,000.00</u>



(Please read carefully at the back hereof)

Charge to: 01-2024-01  
ROA No.: 2024-02-6989  
CONFORME & RECEIVE COPY:

Raquel Maniquiz  
**3-TECH INNOVATION MASTER CORP.**  
Firm/Dealer/Supplier/Contractor  
February 14, 2024

**FUNDS AVAILABLE:**  
JASPER A. YAUDER, CPA  
Budget Officer

Date  
Bank Account Name: 3-tech Innovation Master Corporation  
Bank Account Number: 002120086717  
Bank Name: Banco De Oro  
Bank Address: Gil J. Puyat Branch

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



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Procurement Unit  
Telefax No.: 045-982-4630

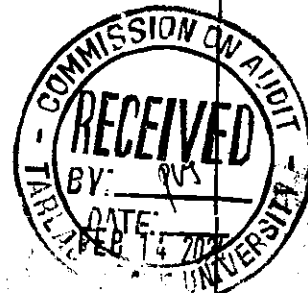
Supplier : **3-TECH INNOVATION MASTER CORP.**  
Address : **UG 21 Star Centrum 317 Gil Puyat Avenue, Makati City**  
TIN : **008-207-771-00000**  
Tel. No. : **0944-329-7876 / 0977-817-9992**

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(Please read carefully at the back hereof)

Charge to: **6L 2024/1**  
ROA No.: **2024-02-6959**  
CONFORME & RECEIVE COPY :

**FUNDS AVAILABLE:**

**JASPER A. YAUDER, CPA**  
Budget Officer

**APPROVED:**

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

**3-TECH INNOVATION MASTER CORP.**

Firm/Dealer/Supplier/Contractor

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