



WORK ORDER

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

DELIVERY DUE DATE: 3/25/22

Supplier: **SMC SKYWAY CORPORATION**
Address: **11/F San Miguel Properties Centre 7 St. Francis Street
Ortigas Center, Wack-Wack Greenhills, Mandaluyong City**
TIN: **004-625-830-000**
Tel. No.:
SIR/MADAM:

Work Order No.: **2022-015**
Date: **3/3/2022**
JO No. **2022-025**
Date: **3/1/2022**
Mode of Procurement: **Small Value DIRECT CONTRACTING**
Mode of Payment: **C.O.D**

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	APPLICATION/SUBSCRIPTION SERVICES, AutoSweep RFID for all TSU vehicles class 1 and 2 including payment of initial load	15,000.00	<u>15,000.00</u>

COMMISSION ON AUDIT - TSU
RECEIVED
By: *JM* Date: **MAR 10 2022**

(Please read carefully at the back hereof)

Charge to:
ROA No.: **009941- 2022- 03- 0306**
CONFORME & RECEIVE COPY
EMILIANO A. BERGADO JR.
Finance Head - OIC
SMC SKYWAY CORPORATION

FUNDS AVAILABLE:
Jasper A. Yauder
JASPER A. YAUDER, CPA
Budget Officer

Firm/Dealer/Supplier/Contractor:
Bank Account Name:
Bank Account Number:
Bank Name:
Bank Address:

APPROVED:
Dr. Arnie C. Rosel
DR. ARNIE C. ROSEL
VP, Research & Extension Services
Authorized Official

ok noted 3/10/22



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COMMISSION ON AUDIT - TSU
RECEIVED
By: SM Date: MAR 1, 2022

(Please read carefully at the back hereof)

Charge to:
ROA No.: 206441-2022-03-0300
CONFORME & RECEIVE COPY :

SMC SKYWAY CORPORATION

Firm/Dealer/Supplier/Contractor

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

FUNDS AVAILABLE:

JASPER A. YAUDER, CPA

Budget Officer

APPROVED:

DR. ARMEEN N. ROSEL

VP, Research & Extension Services

Authorized Official

Form No. : TSU-PRO-SF 10

Revision No.: 01

Effectivity Date: March 01, 2017

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