



WORK ORDER

DELIVERY DUE DATE: 11/4/23

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 Non-VAT
Tel. No. : 0932-662-7357

Work Order No.: 2023-247
Date : 10/26/2023
JO No. : 2023-281
Date : 10/11/2023
Mode of Procurement: Small Value
Mode of Payment: n/10

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 OF SOUND SYSTEM SERVICES Rental of Lights, Sound System, LED Wall, And Acoustic Instruments to be used in the conduct of 2023 Mental Health Awareness, 8am to 6pm @TSU Gymnasium Specifications: Sound System, 12 units DBTECH215A, Powered Speaker, 4 units RCF745 Floor Monitor, 4 units Nexo 18 SUB, 2 units Sound Logic, Speaker 12A for fillers 1 unit Power Amp, 4 unit Tripod, 2pcs Wired Goose Neck (condenser), Microphones, 4 units wireless microphones, 1 unit MG32/114FX, Yamaha Mixer Console 1 rack Audio Processor, 2pcs Microphone Stand 1 unit PC Laptop, +A34, 1 lot Audio Signal and Extension +C2411 roll Snake Cable, 4pcs Music Stand, Lighting System, 16 units RGBW 3WLED PAR 3W, 8 units AMBER White, 3W par LED, 4 pcs Light Stand CRNAK 15 ft, 4 units Wireless TX/RX, DMX (wireless solution) Beam Lights (If possible), Stage Fog Machine Smoke (if available), LED WALL, BAND INSTRUMENTS, 1 Beatbox, 1 Acoustic Guitar, 1 Wind Chime, 1 Keyboard *****	35,000.00	<u>35,000.00</u>

(Please read carefully at the back hereof)

Charge to: 02-206441
ROA No.: 1023-10-2560
CONFORME & RECEIVE COPY:

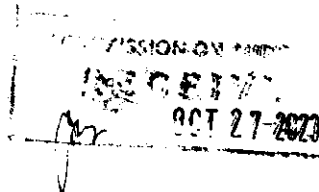
10/27/23

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

FUNDS AVAILABLE:

JASPER A. YAUDER, CPA
Budget Officer

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



APPROVED:

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