



# WORK ORDER

Procurement Unit  
Tel. No.: 045-606-8142/606-8137

**DELIVERY DUE DATE:** C.O.D

Supplier : **CITY- WEST MOTORS CORPORATION**  
Address : Jose Abad Santos Ave., Cabalantian, Bacolor, Pampanga  
TIN : 010-081-423-000 VAT Reg.  
Tel. No. : (045) 402-4785

Work Order No.: 2022-126  
Date : 9/9/2022  
JO No. : 2022-173  
Date : 9/7/2022  
Mode of Procurement: Direct Contracting  
Mode of Payment: C.O.D

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	AUTOMOTIVE MAINTENANCE, Change oil and 58,538km PMS (last change oil 48,538km PMS), Replacement of defective parts and cleaning of Aircon *****	24,450.00	<u>24,450.00</u>

COMMISSION ON AUDIT TSU  
**RECEIVED**  
By: DR. GRACE N. ROSETE  
Date: SEP 16 2022

(Please read carefully at the back hereof)

Charge to: 02-20694  
ROA No.: 2017-09-1248  
CONFORME & RECEIVE COPY:

**CITY- WEST MOTORS 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. GRACE N. ROSETE  
Vice President for Administration  
Authorized Official



# WORK ORDER

**DELIVERY DUE DATE:** C.O.D

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

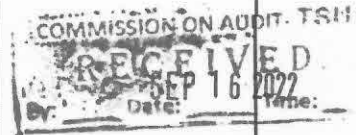
Supplier : **CITY- WEST MOTORS CORPORATION**  
Address : Jose Abad Santos Ave., Cabalantian, Bacolor, Pampanga  
TIN : 010-081-423-000 VAT Reg.  
Tel. No. : (045) 402-4785

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1	lot	<b>AUTOMOTIVE MAINTENANCE</b> , Change oil and 58,538km PMS (last change oil 48,538km PMS), Replacement of defective parts and cleaning of Aircon  *****	24,450.00	<b><u>24,450.00</u></b>



(Please read carefully at the back hereof)

Charge to: 02-206441  
ROA No. : 2022-09-1268  
CONFORME & RECEIVE COPY :

**CITY- WEST MOTORS 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. GRACE N. ROSETE  
Vice President for Administration  
Authorized Official

Form No. : TSU-PRO-SF 10

Revision No.: 01

Effectivity Date: March 01, 2017

Page 1 of 1