



WORK ORDER

DELIVERY DUE DATE: 11/15/2020

Procurement Unit
Telefax No.: 045-982-4630

Supplier :	MOBIUS NEXT INFORMATION TECHNOLOGY SOLUTIONS	Work Order No.:	2020-060
Address :	U4923-1 Light Residences, EDSA cor. Madison Street, Mandaluyong City, Metro Manila, 1550	Date :	10/16/2020
TIN :	265-643-029-000 Non-VAT	JO No. :	2020-082
Tel. No. :	0977-363-8569	Date :	9/22/2020
		Mode of Procurement:	Small Value
		Mode of Payment:	n/30

SIR/MADAM:

You are hereby advised to accomplish/deliver the following job/work within **30 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	ZOOM EDUCATION ANNUAL PLAN • With 20 Hosts • Unlimited meeting • Up to 300 participants Add on: H.323/SIP Room Connector Cloud Recording (Monthly Recurring Charge)	148,663.27	148,663.27

COMMISSION ON AUDIT - TSU
 RECEIVED
 By: *[Signature]* Date: 10/16 OCT 2020

(Please read carefully at the back hereof)

Charge to: 106441-
ROA No.: 2020-10-1341
CONFORME & RECEIVE COPY:

[Signature]
 WILLIE JAN R. ALTAREJOS
MOBIUS NEXT INFORMATION TECHNOLOGY SOLUTIONS
 Firm/Dealer/Supplier/Contractor
 10/14/2020
 Date

FUNDS AVAILABLE:
[Signature]
 ELENA MAY T. TEOFILO
 Head, Budget Office

Bank Account Name: WILLIE JAN R. ALTAREJOS
 Bank Account Number: 3106 0305 34
 Bank Name: LATIP BANK
 Bank Address: LANDBANK - SHAW BEACON PLAZA
BEACON PLAZA ISHAW BLVD COR. IDEAL ST,
MANDALUYONG CITY

APPROVED:
[Signature]
 DR. GLENARD T. MADRAGA
 VP, Admin. & Finance
 Authorized Official

ok noted 10/14/20



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COMMISSION ON ADJUT-TSU
 RECEIVED
 By: *[Signature]* Date: 16 OCT 2020 Time:

(Please read carefully at the back hereof)

Charge to: 206441
ROA No.: 2020-10-1341
CONFORME & RECEIVE COPY :

FUNDS AVAILABLE:

[Signature]
 ELENA MAY T. TEOFILO
 Head, Budget Office

MOBIUS NEXT INFORMATION TECHNOLOGY SOLUTIONS

Firm/Dealer/Supplier/Contractor

Date _____

Bank Account Name: _____

Bank Account Number: _____

Bank Name: _____

Bank Address: _____

APPROVED:

[Signature]
 DR. GLENARD T. MADRAGA
 VP, Admin. & Finance
 Authorized Official