



WORK ORDER

DELIVERY DUE DATE: 01-19-23

Procurement Unit
Tel No.: 045-606-8142

Supplier : **A.G. DATACOM PHILS., INC.**
Address : 1705 Atlanta Centre, #31 Annapolis St., Greenhills, San Juan City
TIN : 202-990-617-000
Tel. No. : 0917-796-3945

Work Order No.: 2022-221
Date : 12/13/2022
JO No. : 2022-255
Date : 11/17/2022
Mode of Procurement: Small Value
Mode of Payment: n/10

SIR/MADAM:

You are hereby advised to accomplish/deliver the following job/work within **Thirty (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	SUBSCRIPTION SERVICES, NetSupport School Software License Key Features: Monitoring students, Real-time instruction, Multi-Support Platform, Fast connection Includes: Installation deployment, Testing, Handover training and documentation, 1 year support maintenance plan Warranty: 1 year Support & Maintenance (License Perpetual)	292,500.00	292,500.00

COMMISSION ON ADMIN. - TSU
RECEIVED

(Please read carefully at the back hereof)

Charge to: 01-16161
ROA No. : 2022-11-1474
CONFORME & RECEIVE COPY:

Ruby Ann P. Reyes
Ruby Ann P. Reyes
A.G. DATACOM PHILS., INC.

Firm/Dealer/Supplier/Contractor
12/16/2022
Date

Bank Account Name: AG Datacom Phils., Inc.
Bank Account Number: 5522 1101 77
Bank Name: Landbank of the Philippines
Bank Address: Annapolis Branch

FUNDS AVAILABLE:

Jasper A. Yauder
JASPER A. YAUDER, CPA
Budget Officer

APPROVED:

Dr. Gracen Rosete
DR. GRACEN ROSETE
Vice President for Administration
Authorized Official *GR*

Form No. : TSU-PRO-SF 10

Revision No.: 01

Effectivity Date: March 01, 2017

Page 1 of 1



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COMMISSION ON AIDIT
RECEIVED
Date: DEC 16 2022

(Please read carefully at the back hereof)

Charge to: 12-10110/
ROA No. : 2022-12-1094
CONFORME & RECEIVE COPY :

FUNDS AVAILABLE:

JASPER A. YAUDER, CPA
Budget Officer

A.G. DATACOM PHILS., INC.
Firm/Dealer/Supplier/Contractor

APPROVED:

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

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