



# WORK ORDER

**DELIVERY DUE DATE:** 7/22-24/23

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

Supplier : **DEPARTMENT OF EDUCATION TEACHERS' CAMP**  
Address : **Baguio City**  
TIN :  
Tel. No. : **074-442 3517/442-4417**

Work Order No.: **2023-148**  
Date : **7/19/2023**  
JO No. **2023-182**  
Date : **7/11/2023**  
Mode of Procurement: **Agency to Agency**  
Mode of Payment: **COD**

SIR/MADAM:

You are hereby advised to accomplish/deliver the following job/work on **July 22-24, 2023** 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	<b>LABOR &amp; MATERIALS: ACCOMMODATION SERVICES</b> (60pax) Accomodation for Campus Journalism: The Work's Year-End Evaluation on July 22-24, 2023, at Teachers' Camp, Baguio -Cottage 202, 3BR: 8capacity, 2 nights, 6,248.00 -Cottage 210up, 4BR: 10capacity, 2nights, 8,888.00 -Cottage 210 down, 3BR: 8capacity, 2nights, 6,248.00 -Cottage 211, 5BR: 18capacity, 2nights, 14,696.00 -Textbook house, 5BR, 15capacity, 2nights, 14,696.00 -excess pax: 1 -LGU OCCUPANCY FEE: 5rooms, Rate: 5.00, for 2nights, 50.00 -Check in time, 2pm -Check out time, 12 nn ***Guests are provided with complete beddings, towels, toiletries and drinking water ***BTC has no internet or wifi connection in all facilities. Reminder: Guests are advised to follow minimum health *****	50,826.00	<b>50,826.00</b>

(Please read carefully at the back hereof)

Charge to: *02-76441*  
ROA No.: *2023-07-174*  
CONFORME & RECEIVE COPY: *Madam Maylene A. Akia AOIII 7/20/23*

**DEPARTMENT OF EDUCATION TEACHERS' CAMP**

Firm/Dealer/Supplier/Contractor

Bank Account Name: *DepEd Baguio Teachers Camp*  
Bank Account Number: *00000 378-510-8*  
Bank Name: *Development Bank of the Phils.*  
Bank Address: *Baguio City*

RECEIVED  
Date: \_\_\_\_\_ Time: \_\_\_\_\_

FUNDS AVAILABLE: *July 20 2023*

*JASPER A. YAUDER, CPA*  
Budget Officer

APPROVED:  
*DR. GRACE N. ROSETE*  
Vice President for Administration  
Authorized Official *[Signature]*



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COMMISSION ON AUDIT, STATE  
**RECEIVED**  
By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

(Please read carefully at the back hereof)

Charge to: 02-M441  
ROA No. : 2023-07-171  
CONFORME & RECEIVE COPY :

FUNDS AVAILABLE:

JASPER A. YAUDER, CPA  
Budget Officer

**DEPARTMENT OF EDUCATION TEACHERS' CAMP**  
Firm/Dealer/Supplier/Contractor

Bank Account Name: \_\_\_\_\_  
Bank Account Number: \_\_\_\_\_  
Bank Name: \_\_\_\_\_  
Bank Address: \_\_\_\_\_

APPROVED:

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