



# WORK ORDER

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

Procurement Unit  
Tel No.: 045-606-8142

Supplier : **COLLEGE OF AGRICULTURE AND FOOD SCIENCE  
UNIVERSITY OF THE PHILIPPINES LOS BAÑOS**  
Address : Julian A. Banzon Hall, UP Los Baños, College, Laguna  
TIN :  
Tel. No. : 0919-804-8528

Work Order No. : 2023-007  
Date : 1/17/2023  
JO No. : 2022-276  
Date : 12/21/2022  
Mode of Procurement: Agency-to-Agency  
Mode of Payment: LOD

SIR/MADAM:

You are hereby advised to accomplish/deliver the following job/work on 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: FOOD ANALYSIS SERVICES</b> Analysis of food samples for the project entitled: "Standardization of process product specification & packaging of artisinal "Chicharon Camiling" of Tarlac Province" *****	36,000.00	<b><u>36,000.00</u></b>

COMMISSION ON AUDIT - TSU

**RECEIVED**

(Please read carefully at the back hereof)

Charge to: 02-308603  
ROA No. : 2023-01-0000  
CONFORME & RECEIVE COPY :

FUNDS AVAILABLE:

**COLLEGE OF AGRICULTURE AND FOOD SCIENCE  
UNIVERSITY OF THE PHILIPPINES LOS BAÑOS**

Firm/Dealer/Supplier/Contractor  
Lotis E. Mopera 2/10/23  
Date

JASPER A. YAUDER, CPA  
Budget Officer

Bank Account Name: UPLB Revolving Fund  
Bank Account Number: 1892-1004-93  
Bank Name: Landbank of the Philippines  
Bank Address: Los Banos, College, Laguna

APPROVED:

DR. GRACE M. ROSETE  
Vice President for Administration

Authorized Official



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(Please read carefully at the back hereof)

Charge to: 02-308403  
ROA No. : 2023-02-0077  
CONFORME & RECEIVE COPY :

COMMISSION ON AUDIT, TSU  
**RECEIVED**  
By: [Signature] Date: FEB 10 2023

**FUNDS AVAILABLE:**

**COLLEGE OF AGRICULTURE AND FOOD SCIENCE**  
**UNIVERSITY OF THE PHILIPPINES LOS BAÑOS**  
Firm/Dealer/Supplier/Contractor

[Signature]  
**JASPER A. YAUDER, CPA**  
Budget Officer

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

**APPROVED:**

[Signature]  
**DR. GRACEN. ROSETE**  
Vice President for Administration  
Authorized Official