



WORK ORDER

DELIVERY DUE DATE 6/28/23

Procurement Unit
Telefax No.: 045-982-4630

Supplier : **IPSOLUTIONS, INC.**
Address : Unit 502 Solare Bldg., Capri Oasis, Pasig Dr. Sixto Antonio Ave., Maybunga, Pasig City
TIN : 008-924-552-000 VAT Reg.
Tel. No. : (02) 514-4575 / 505-2946 / 643-8944

Work Order No.: 2023-112
Date : 6/1/2023
JO No. : 2023-118
Date : 5/5/2023
Mode of Procurement: Direct Contracting
Mode of Payment: N/15

SIR/MADAM:

You are hereby advised to accomplish/deliver the following job/work within **Twenty (20)** 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	RENEWAL OF SUBSCRIPTION SERVICES- Subscription of license for existing internet access manager appliance -M5100-AC-I-S, Software, Sangfor URL database 1 year license software and technical support for Sangfor IAM5100 for 1 year, return to factory hardware support for Sangfor IAM5100 for 1 year *****	149,000.00	<u>149,000.00</u>

COMMISSION ON AUDIT - TSU
RECEIVED
Date: JUN 08 2023

(Please read carefully at the back hereof)

Charge to: 02-101101
ROA No.: 2023-06-0265
CONFORME & RECEIVE COPY :

JOSEPH N. DULCE
IPSOLUTIONS, INC.
Firm/Dealer/Supplier/Contractor
JUNE 8, 2023

FUNDS AVAILABLE:

JASPER A. YAUDER, CPA
Budget Officer

Date
Bank Account Name: IPSOLUTIONS INC.
Bank Account Number: 00-5-02176-485-0
Bank Name: DEVELOPMENT BANK OF THE PHILIPPINES
Bank Address: Unit 102 Pacific Center Bldg., 33 San Miguel Avenue Ortigas Avenue, Pasig City

APPROVED:

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

RECEIVED COPY:
DATE JO/PR RECEIVED:

Form No. : TSU-PRO-SF 10

Revision No.: 01

Effectivity Date: March 01, 201

Page 1 of 1



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COMMISSION ON AUDIT - TSU
RECEIVED
 FY: _____ Date: JUN 08 2023

(Please read carefully at the back hereof)

Charge to: 12-10210/
ROA No. : 2023-06-0265
CONFORME & RECEIVE COPY :

FUNDS AVAILABLE:

JASPER A. YAUDER, CPA
Budget Officer

IPSOLUTIONS, INC.
Firm/Dealer/Supplier/Contractor

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

APPROVED:

DR. GRACEN ROSETE
Vice President for Administration
Authorized Official

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