

PURCHASE ORDER

Department of Social and Welfare and Development
Field Office Region XIII CARAGA

Supplier Name: FAS TRUCKING AND FORWARDING SERVICES	Purchase Order No.: 23-05-0675
Address: Doongan Road corner Milkyway St, Brgy. 27, Bayanihan, Butuan City	Date: 2023-05-08
TIN: _____	Mode of Procurement: NP Small Value Procurement
PhilGEPS No.: _____	

Gentlemen
Please furnish this office the following articles subject to the terms and conditions contained herein.

Place of Delivery: DSWD Caraga Regional Office, Capitol Site, Butuan City	Delivery Term: As Per Book Schedule After Receipt of Approved P.O.
Date of Delivery: _____	Payment Term: As Per Billing

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	UNIT/S	Forwarding Services Flat Rate for 10 Wheeler Truck	10.00	15,000.00	150,000.00
2	UNIT/S	Forwarding Services Flat Rate for 6 Wheeler Truck	10.00	7,200.00	72,000.00
3	KM	Forwarding Services additional rate per kilometer (Loading and Unloading Labor, Fuel, Tax, Profit OCM) - For 10 Wheelers	1500.00	195.00	292,500.00
4	KM	Forwarding Services additional rate per kilometer (Loading and Unloading Labor, Fuel, Tax, Profit OCM) - For 6 Wheelers	1000.00	98.00	98,000.00
5	UNIT/S	Forwarding Services FREIGHT AND HANDLING (SHIPMENT RATE) VIA RORO for 10 Wheelers	5.00	38,500.00	192,500.00
6	UNIT/S	Forwarding Services FREIGHT AND HANDLING (SHIPMENT RATE) VIA RORO for 6 Wheelers	5.00	29,500.00	147,500.00

**COMMISSION ON AUDIT
DSWD FO XIII
OFFICE OF THE AUDITOR
RECEIVED**

DATE: 5/16/2023 TIME: _____
BY: _____

(Handwritten Signature)

": Forwarding Services: Hauling of Humanitarian Cargo"

(Total Amount in Words)	NINE HUNDRED FIFTY-TWO THOUSAND FIVE HUNDRED PESOS ONLY	TOTAL	952,500.00
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In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed.

Conforme:

Very truly yours,

JENELITO FERNANDEZ
Signature Over Printed Name of Supplier
05-15-2023
Date

MARI-FLOR A. DOYAGA-LIBANG
Signature Over Printed Name of Authorized Official
Regional Director
Designation

Fund Cluster: <u>101</u>	DV No.: <u>23-05-4942</u> Date: _____
Fund Available: _____	ORS/BURS No.: <u>23-05-5345</u> Date: _____
<u>GRETCHEN FERNANDEZ ESCALA</u> Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit	Source of Funds: <u>101</u>
	UACS Code: <u>5029904000</u>
	Responsibility Center: <u>00016-01-01-09</u>
	Amount: <u>952,500</u>

This agency adheres to "NO GIFT ALLOWED" policy pursuant to the provision of R.A 6713 known as the Code of Conduct and Ethical Standards for Public Official and Employees.

** To track your Voucher/Payment you may text in the following PO [SPACE] PURCHASE ORDER NUMBER and send to 09560847559 **