

PURCHASE ORDER

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

Supplier Name: FAS TRUCKING AND FORWARDING SERVICES	Purchase Order No.: 24-09-1810
Address: Doongan Road corner Milkyway St, Brgy. 27, Bayanihan, Butuan City	Date: 2024-09-30
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: Within 30 working days after receipt of SOA and other pertaining documents
Date of Delivery: _____	Payment Term: Within 30 Working Days After the Inspection and Acceptance Report is received

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	UNIT/S	Forwarding Services (Flat Rate for 10 Wheeler Truck)	13.00	15,200.00	197,600.00
2	UNIT/S	Forwarding Services (Flat Rate for 6 Wheeler Truck)	13.00	7,200.00	93,600.00
3	UNIT/S	Forwarding Services (additional rate per kilometer (Loading and Unloading Labor, Fuel, Tax, Profit OCM) For 10 Wheelers	1200.00	178.00	213,600.00
4	UNIT/S	Forwarding Services additional rate per kilometer (Loading and Unloading Labor, Fuel, Tax, Profit OCM) For 6 Wheelers	1200.00	96.00	115,200.00
5	UNIT/S	Forwarding Services (FREIGHT AND HANDLING (SHIPMENT RATE) via RORO for 10 Wheelers)	5.00	38,600.00	193,000.00
6	UNIT/S	Forwarding Services (FREIGHT AND HANDLING (SHIPMENT RATE) via RORO for 6 Wheelers)	5.00	30,200.00	151,000.00

COMMISSION ON AUDIT
DSWD FO XIII
OFFICE OF THE AUDITOR
RECEIVED
DATE: 10/7/2024
BY: [Signature]

" : Procurement of Forwarding Services for the Hauling of Humanitarian Cargo "

(Total Amount in Words) **NINE HUNDRED SIXTY-FOUR THOUSAND PESOS ONLY** **TOTAL 964,000.00**

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: [Signature] **JENELITO Y. PANAMINDA**
Signature Over Printed Name of Supplier
Date: 10-27-2024

Very truly yours,
[Signature] **MARI-FLOR A. DOLLAGA-LIBANG**
Signature Over Printed Name of Authorized Official
Regional Director
Designation

[Signature] **TRISTAN C. TELEN, Ph.D. MA, REE**
Director III / ARDA

Fund Cluster: <u>101</u>	DV No.: <u>24-09-15334</u> Date: _____
Fund Available: _____	ORS/BURS No.: <u>24-09-15205</u> Date: _____
<u>[Signature]</u> GRETCHEN FERNANDEZ ESCALA Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit	Source of Funds: <u>101</u>
	UACS Code: <u>502 9904000</u>
	Responsibility Center: <u>00016 010703</u>
	Amount: <u>964,000</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 my text in the following PO [SPACE] PURCHASE ORDER NUMBER and send to 09560847559 **