

PURCHASE ORDER

Department of Social and Welfare and Development:

Field Office Region XIII CARAGA

Supplier Name: <u>CABADBARAN AGUSAN BUTUAN SURIGAO TRANSPORT COOPERATIVE</u>	Purchase Order No.: <u>24-10-1972</u>
Address: <u>2182, AGLIPAY ST. POBLACION 12, CABADBARAN CITY</u>	Date: <u>2024-10-23</u>
TIN: _____	Mode of Procurement: <u>NP Small Value Procurement</u>
PhilGEPS No.: _____	

Gentlemen

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

Place of Delivery: <u>DSWD Caraga Regional Office, Capitol Site, Butuan City</u>	Delivery Term: <u>Within the day of the booked schedule</u>
Date of Delivery: _____	Payment Term: <u>Within 30 working days after receipt of SOA and other pertaining documents.</u>

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	UNIT	Van Rental Butuan City to Surigao City - 1	1.00	7,000.00	7,000.00
2	UNIT	Van Rental Butuan City - 1	1.00	4,800.00	4,800.00
3	UNIT	Van Rental Butuan City - Loreto, ADS - 2	1.00	9,300.00	18,600.00
4	UNIT	Van Rental Butuan City - Marihatag, SDS - 2	1.00	7,200.00	14,400.00
5	UNIT	Van Rental Butuan City - Cortes, SDS - 2	1.00	9,500.00	19,000.00

DSWD CARAGA
Capitol Site, Butuan City
Tel No (065) 342-5419 local 101

PROCUREMENT

Date: 10/11/24
Time: 3:25 pm
By: [Signature]

COMMISSIONER ON AUDIT
DSWD FO XIII
OFFICE OF THE AUDITOR

RECEIVED

Date: 11/12/2024 Total: 4.38
8

"To provide TA and monitor the implementation of the CLIP in the different municipalities."

(Total Amount in Words) **SIXTY-THREE THOUSAND EIGHT HUNDRED PESOS ONLY** TOTAL 63,800.00

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]
PROCESO BONGROT
Signature Over Printed Name of Supplier
Date: 10/23/24

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

Fund Cluster: _____
Fund Available: _____
[Signature]
GRETCHEN FERNANDEZ ESCALA
Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit
Date: 10/23

DV No.: 24-10-1972 Date: 10/23/24
ORS/BURS No.: 24-10-1666 Date: 10/23/24
Source of Funds: CWSR 7
UACS Code: 528905003
Responsibility Center: MOS WEST
Amount: 63,800