

**PURCHASE ORDER**

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

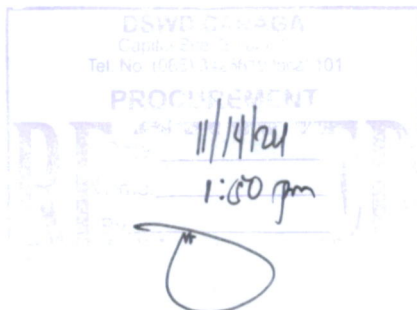
Supplier Name: <b>FAS TRUCKING AND FORWARDING SERVICES</b>	Purchase Order No.: <b>24-11-2010</b>
Address: <b>Doongan Road corner Milkyway St, Brgy. 27, Bayanihan, Butuan City</b>	Date: <b>2024-11-05</b>
TIN: _____	Mode of Procurement: <b>NP Small Value Procurement</b>
PhilGEPS No.: _____	

Gentlemen

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

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

#	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**

11/14/24 TIME: 5:02 PM  
[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: **ANNA MARIE A. PAGAUAS** Signature Over Printed Name of Supplier  
Date: **11-6-24**

Very truly yours, **MARI-FLORA D. DOLLAGA-LIBANG** Signature Over Printed Name of Authorized Official  
Regional Director  
Designation

Fund Cluster: <b>101</b>	DV No.: <b>24-11-1954</b> Date: _____
Fund Available: _____	ORS/BUFS No.: <b>24-11-1741</b> Date: _____
<b>GRETCHEN FERNANDEZ ESCALA</b> Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit	Source of Funds: <b>101</b>
	UACS Code: <b>5029004000</b>
	Responsibility Center: <b>00016-01-01-04</b>
	Amount: <b>964,000</b>

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 \*\*