

## PURCHASE ORDER

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

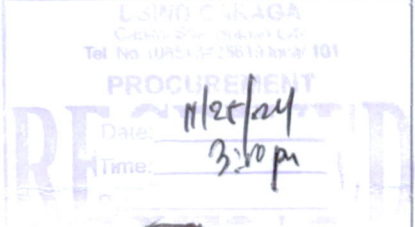

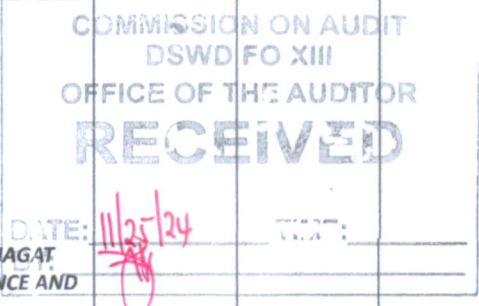
Supplier Name: <b>L &amp; C TRAVEL AND TOURS SERVICES</b>	Purchase Order No.: <b>24-10-1999</b>
Address: <b>507 1st Street, Basic Home, Baan KM 3 Butuan City</b>	Date: <b>2024-10-30</b>
TIN: <b>264-749-246-00003</b>	Mode of Procurement: <b>NP Small Value Procurement</b>
PhilGEPS No.: _____	

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	LOT	Van Rental (FROM DAPA PORT TO ANY POINT OF SIARGAO ISLANDS within 12 hours) - 1	50.00	7,500.00	375,000.00
2	LOT	Van Rental ,(FROM SAN JOSE PORT TO ANY POINT OF PROVINCE OF DINAGAT ISLANDS within 12 hours) - 1	25.00	7,500.00	187,500.00

": VAN RENTAL FOR SIARGAO ISLANDS AND PROVINCE OF DINAGAT ISLANDS use: FOR PAYOUT, MONITORING, TECHNICAL ASSISTANCE AND OTHER OFFICIAL ACTIVITIES"

(Total Amount in Words)

FIVE HUNDRED SIXTY-TWO THOUSAND FIVE HUNDRED PESOS ONLY

TOTAL


562,500.00



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.

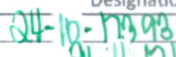



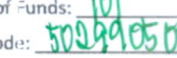
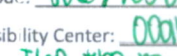
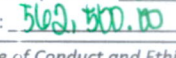

Conforme:

Very truly yours,

  
Signature Over Printed Name of Supplier  
11/18/24  
Date

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

Fund Cluster:   
Fund Available: 

DV No.:  Date:   
ORS/BURS No.:  Date:   
Source of Funds:   
UACS Code:   
Responsibility Center:   
Amount: 

  
GRETCHEN FERNANDEZ ESCALA  
Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit

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 \*\*