

PURCHASE ORDER

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

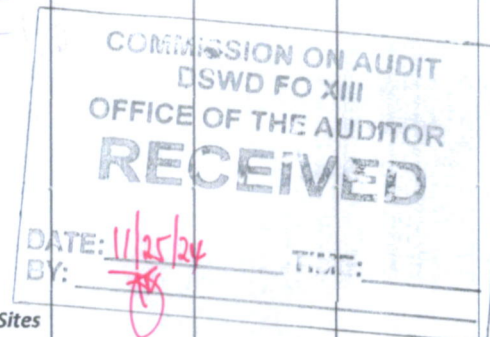
Supplier Name: L & C TRAVEL AND TOURS SERVICES	Purchase Order No.: 24-10-2001
Address: 507 1st Street, Basic Home, Baan KM 3 Butuan City	Date: 2024-10-30
TIN: 264-749-246-00003	Mode of Procurement: NP Small Value Procurement
PhilGEPS No.: _____	

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 the day of the booked schedule
Date of Delivery: _____	Payment Term: Within 30 working days after receipt of SOA and other pertaining documents.

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	UNIT	Van Rental FO to Surigao City (vice versa) - 1	2.00	7,500.00	15,000.00
2	UNIT	Van Rental FO to Mainit, SDN (vice versa) - 1	1.00	6,800.00	6,800.00
3	UNIT	Van Rental FO to Gigaquit, SDN (vice versa) - 1	1.00	7,800.00	7,800.00
4	UNIT	Van Rental FO to Taganaan, SDN (vice versa) - 1	1.00	7,500.00	7,500.00
5	UNIT	Van Rental FO to Malimono, SDN (vice versa) - 1	1.00	8,400.00	8,400.00
6	UNIT	Van Rental FO to Lingig, SDS (vice versa) - 1	1.00	10,500.00	10,500.00
7	UNIT	Van Rental FO to Hinatuan, SDS (vice versa) - 1	1.00	9,500.00	9,500.00
8	UNIT	Van Rental FO to Barobo, SDS (vice versa) - 1	1.00	7,500.00	7,500.00
9	UNIT	Van Rental FO to Tago, SDS (vice versa) - 1	1.00	9,500.00	9,500.00
10	UNIT	Van Rental FO to Madrid, SDS (vice versa) - 1	1.00	10,500.00	10,500.00



" : Conduct of Post Monitoring to DSWD-DOLE Convergence Program Sites in ADN, ADS, PDI, SDS and SDN."

(Total Amount in Words)	NINETY-THREE THOUSAND PESOS ONLY	TOTAL	93,000.00
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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,

[Signature]
Signature Over Printed Name of Supplier
Date: 11/18/24

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

Fund Cluster: *[Initials]*
Fund Available: *[Initials]*
GRETCHEN FERNANDEZ ESCALA
Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit
Date: 11/6

DV No.: *24-10-17409* Date: *10/30/24*
ORS/BURS No.: *24-11-1711* Date: *11/04/24*
Source of Funds: *101*
UACS Code: *5029005003*
Responsibility Center: *00016-01-01-03*
Amount: *93,000.00*

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 **