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

DSWD CARAGA
Capitol Site, Butuan City
Tel. No. (085) 3425639 loca. 101
PROCUREMENT
Date: 11/25/24
Time: 3:00 pm

COMMISSION ON AUDIT
DSWD FO XIII
OFFICE OF THE AUDITOR
RECEIVED
DATE: 11/25/24
BY: TIME:

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:

SHERYL B. GONZAGA
Signature Over Printed Name of Supplier
11/18/24
Date

Very truly yours,

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

Fund Cluster: 101
Fund Available: M

GRETCHEN FERNANDEZ ESCALA
Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit
11/6

DV No.: 24-10-17409 Date: 10/30/24
ORS/BURS No.: 24-11-1112 Date: 11/04/24
Source of Funds: 101
UACS Code: 5029905003
Responsibility Center: 00116-01-01-03
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 my text in the following **PO [SPACE] PURCHASE ORDER NUMBER** and send to 09560847559 ***