

PURCHASE ORDER

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

Supplier Name: FAS TRUCKING AND FORWARDING SERVICES	Purchase Order No.: 24-12-2229
Address: Doongan Road corner Milkyway St, Brgy. 27, Bayanihan, Butuan City	Date: 2024-12-20
TIN: _____	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/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

DATE: 12/21/24 TIME: _____
BY: _____

" : 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: **JENELITO FERNANDEZ**
Signature Over Printed Name of Supplier
Date: 12-23-2024

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

Fund Cluster: 1a
Fund Available: _____
GRETCHEN FERNANDEZ ESCALA
Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit
Date: 12/23

DV No.: 24-12-2229 Date: _____
ORS/BURS No.: 24-12-2024 Date: _____
Source of Funds: 101
UACS Code: 502990400
Responsibility Center: 000/6-01-01
Amount: 964,000

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 **