

PURCHASE ORDER

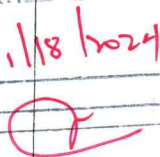
Department of Social and Welfare and Development
Field Office Region XIII CARAGA

Supplier Name: JB NATURE FARM AND RESORT	Purchase Order No.: 23-10-1686
Address: Purok 7, Brgy. Sukailang, Surigao City	Date: 2023-10-17
TIN: 127-477-095-001	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: Surigao City	Delivery Term: As Per Book Schedule After Receipt of Approved P.O.
Date of Delivery:	Payment Term: Within 30 Working Days After the Inspection and Acceptance Report is received

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	PAX	3 Meals and 2 Snacks with Billeting (2 days)	29.00	1,710.00	99,180.00
2	PAX	2 meals and 2 Snacks	29.00	800.00	23,200.00
<p>Day 1 Breakfast: Fried Rice Egg Ham/ Pork Tocino Coffee AM Snacks: Cassava Cake w/ Mango Juice Lunch: Rice Fish Pochero Beef Tadjang Roast Chicken Softdrinks PM Snacks: Cake w/ Iced Tea Dinner: Chicken Tinola Steamed Vegetables Beef Kare-Kare Pan Tuna Fried Fish w/ Tropical Salsa SoftDrinks</p> <p>Day 2: Breakfast: Hard Boiled Egg Beef Tapa Paksiw tuna Steam Rice AM Snack: Puto Maya w/ mango and Hot Choco Lunch: Rice Spring Rolls Steam Fish Beef Steak Softdrinks PM Snacks: Chocolate Moist Cake w/ Juice Dinner: Vegetable Kare-kare Chicken BBQ Steamed Rice Softdrinks</p> <p>Day 3: Breakfast: Fried Egg Sauted Tuna Flakes Native Longanisa Steam Rice AM Snacks: Banana/ Camote Turon Calamansi Juice Lunch: Chicken Guisado Escabetché Squid Calamares Steam Rice Soft Drinks PM Snacks: Palagsing/ Cassava Balls Buko Juice</p>					
(Total Amount in Words)			ONE HUNDRED TWENTY-TWO THOUSAND THREE HUNDRED EIGHTY PESOS ONLY	TOTAL	122,380.00


COMMISSION ON AUDIT
DSWD FO XIII
OFFICE OF THE AUDITOR
RECEIVED
DATE: **11/18/2024**
BY: 

DSWD CARAGA
Capitol Site, Butuan City
Tel. No. (0951) 3425619 local 101
PROCUREMENT
11/17/24
2:40 PM


FEB 21-23, 2024

"Catering Services: Roll-Out of the Training Manual for the Implementation of the Care and Support Services to PLHIV"

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: 
Signature Over Printed Name of Supplier
12-19-2023
Date

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

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

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

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 **