

PURCHASE ORDER

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

Supplier Name: JB NATURE FARM AND RESORT	Purchase Order No.: 23-11-2038
Address: Purok 7, Brgy. Sukailang, Surigao City	Date: 2023-11-28
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: Butuan City	Delivery Term: As Per Book Schedule After Receipt of Approved P.O.
Date of Delivery: _____	Payment Term: As Per Billing

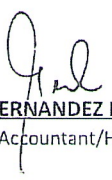
#	Unit	Description	Quantity	Unit Cost	Total Cost
1	PAX	1 meal and 2 Snacks for 50pax for 4 days (DAY 1: AM SNACKS: 2 pcs Empanada, Softdrinks, LUNCH: Fried Chicken, Humba, Fruits, Rice, Softdrink, PM SNACKS: Hamburger, Softdrinks. DAY 2: AM SNACKS: Ensaymada, Lemonade in Glass. LUNCH: Garlic Chicken, Sotanghon Guisado, Fruits, Rice, Softdrinks. PM SNACKS: Special Mamon, Softdrinks. DAY 3: AM SNACKS: Egg Sandwich w/ Chips, Orange Juice. LUNCH: Porkchop, Chopsuey, Fruits, Rice, Softdrinks. PM SNACKS: Custard Cake, Four Season Juice. DAY 4: Cheese Burger w/ Chips, Calamansi Juice. LUNCH: Beef Steak, Adobong kangkong, Fruits, Rice, Softdrinks. PM SNACKS: Bam-i w/ Bread, Iced Tea)	50.00	500.00	100,000.00
(Total Amount in Words)		ONE HUNDRED THOUSAND PESOS ONLY		TOTAL	100,000.00

COMMISSION ON AUDIT
DSWD FO XIII
OFFICE OF THE AUDITOR
RECEIVED
DATE: 12/4/2023 TIME: _____
BY: _____

"Catering Services: Livelihood training program for residents of Bahay pag asa-Surigao City"

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, 
WOODROW C. ESCOBAR JR. **MARI-FLOR A. DOLLAGA-LIBANG**
Signature Over Printed Name of Supplier Signature Over Printed Name of Authorized Official
Dec 9, 2023 Regional Director
Date Designation

Fund Cluster: _____	DV No.: <u>23-11-17250</u> Date: <u>11/28/23</u>
Fund Available: _____	ORS/BURS No.: <u>23-11-17171</u> Date: <u>11/30/23</u>
 GRETCHEN FERNANDEZ ESCALA	Source of Funds: <u>TF</u>
Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit	UACS Code: <u>5021499000</u>
<u>12/4</u>	Responsibility Center: <u>RJWC</u>
	Amount: <u>100,000.00</u>

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 **