

**PURCHASE ORDER**

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

Supplier Name: <b>JB NATURE FARM AND RESORT</b> Address: <b>Purok 7, Brgy. Sukailang, Surigao City</b> TIN: <b>127-477-095-001</b> PhilGEPs No.: 201901-59147-1382158634	Purchase Order No.: <b>25-02-0182</b> Date: <b>2025-02-24</b> Mode of Procurement: <b>NP Small Value Procurement</b>
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*600-07-732*

**Gentlemen**  
Please furnish this office the following articles subject to the terms and conditions contained herein.

Place of Delivery: <b>Surigao City</b>	Delivery Term: <b>Within the day of the specified date of conduct</b>
Date of Delivery: <b>March 17-21, 2025</b>	Payment Term: <b>Within 30 Working Days After the Inspection and Acceptance Report is received</b>

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	PAX	2 meals and 2 Snacks (1 Breakfast; 1 Lunch; AM Snack; PM Snack)	35.00	980.00	34,300.00
2	PAX	3 Meals and 2 Snacks with Billeting for 4 days (Breakfast; Lunch, Dinner, AM Snack and PM Snack)	35.00	1,900.00	266,000.00
<p>Menu: 2 main dish, 1 side dish, dessert/fruits, rice, softdrinks, snacks with drinks</p> <p>"Catering Services: PROJECT PROPOSAL: ROLL OUT TRAINING ON YBP AND AFTERCARE MODULES"</p>					

COMMISSION ON AUDIT  
DOWD PO AND  
OFFICE OF THE AUDITOR  
**RECEIVED**  
DATE: *3/2/2025* TIME: *9:30*

(Total Amount in Words) **THREE HUNDRED THOUSAND THREE HUNDRED PESOS ONLY** TOTAL **300,300.00**

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: *[Signature]* Very truly yours,  
**WOODROW C. ESCOBAR JR.**  
Signature Over Printed Name of Supplier  
*March 10, 2025*  
Date

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

Fund Cluster: 101  
Fund Available: \_\_\_\_\_

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

DV No.: 25-02-1230 Date: \_\_\_\_\_  
ORS/BURS No.: 25-02-237 Date: \_\_\_\_\_  
Source of Funds: 101  
UACS Code: \_\_\_\_\_  
Responsibility Center: 00616-07-01-01-07-07  
Amount: 300,300

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 \*\*

FOR THE TRUE COPY  
**JOWINA M. OLOROGISIMO**  
Administrative Assistant II