

FEB 27 2025

PURCHASE ORDER

Province of Davao de Oro
 Agency/Procuring Entity

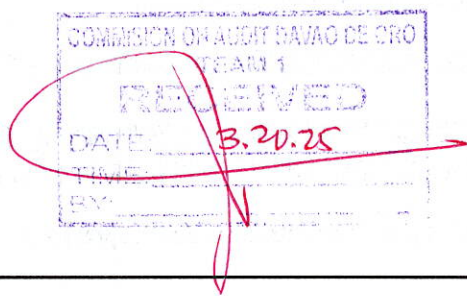
Supplier: JEMAR CATERING SERVICES Address: PUROK 18, POBLACION, NABUNTURAN, DAVAO DE ORO E-mail Address: Tel. No.: TIN: 460-095-388-000	PO Number: 25020172 Date: 02/26/25 Mode of Procurement: SVP PR Number: 25-1251
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Gentlemen:
 Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery: Venue: Within Davao de Oro	Delivery Term:
Date of Delivery: As per activity	Payment Term:

No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
1	37242N	Head/s	240.00	PACKED MEALS C Two (2) viands of meat (1 fish and 1 either pork, beef or chicken) One (1) viand of vegetables One (1) serving of rice One (1) bottled drink (Soda or Juice)	250.00	60,000.00
2	37243N	Head/s	240.00	PACKED MEALS D Two (2) viands of meat (1 fish and 1 either pork, beef or chicken) One (1) viand of vegetables One (1) serving of rice One (1) bottled drinking water 500ml	260.00	62,400.00
3	37246N	Head/s	230.00	Snacks A Kakanin (3 kinds) Drinking Water 500ml	90.00	20,700.00
4	37252N	Head/s	230.00	Snacks D Pasta or Pancit with bread and buttered chicken Drinking Water 500ml FOR THE USE OF PPOC ACTIVITIES	170.00	39,100.00

THE AWARD IS BASED ON ABSTRACT NO. 2502174 UNDER REQUEST FOR QUOTATION NO.02-25-0198 OPENED ON February 25, 2025



Total Amount in Words: **One Hundred Eighty Two Thousand Two Hundred Pesos Only** 182,200.00

In case of failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed.

Conform *Dietelita Domingo* Very truly
 Signature over printed name of _____
 Date 2/27/25

DOROTHY M. GONZAGA
 Governor
 Authorized Official *MADYLLJAN R. PINALES, RN*
 Executive Assistant II

GENERAL
 OBR No.: 0690-07-25-105
 Responsibility Center:
 Amount: 182,200.00

(In case of Negotiated Purchase pursuant to section 369(a) of RA 7180, this portion must be
 Approved per Sanggunian Resolution _____
 Certified _____ Date _____