

INVOICE



JOGO Sanitation

JOGO SANITATION SERVICES

P.O. BOX 501856
SAIPAN, MP 96950
EMAIL: Jesseogo13@gmail.com
TEL: 670-285-2905

Date: Nov. 23, 2021
Invoice #: JOSS-DOC-1123
Vendor #: 102017

ATTN: Wally Villagomez
Department of Corrections, Commissioner

Item	Description	Unit Charge/Sq. Ft.	Unit Price
1	Disinfection Application for DOC: Bus(Up to 50 Pax)	\$475	\$475.00
2	Emergency Non-Scheduled Service	\$800	\$800.00
Total			\$1,275.00

A handwritten signature in black ink, appearing to read 'Jesseleo T. Ogo', with a horizontal line extending to the right.

JESSELEO T. OGO



PROJECT DATA SHEET

DISINFECTANT APPLICATION

PROJECT SITE: SMS PARKING DOC
6VSUPE AREA SQ. FT. _____

DATE: 11/23/21

START TIME: 1200 HOURS

END TIME: 1245 HOURS

CERTIFIED APPLICATOR: JESSELEO TAIMANAO OGO

CERT. NUMBER: 2021-C-028

DISINFECTANT SOLUTION: OXIVIR

APPLICATION METHOD: ELECTROSTATIC MISTING SPRAY

ON SITE MARSHAL: PRINT NAME: _____

SIGNATURE: _____

APPLICATOR: <u>J. OGO</u>	TEMP: <u>76.1</u>	HEAD ACHE:	Y - <input checked="" type="radio"/> N
SPRAYER USED: <u>EMS</u>	CAUGHING:	FEVER	Y - <input checked="" type="radio"/> N
DISINFECTANT: <u>OXIVIR</u>	FLU SYMPTOMS:		Y - <input checked="" type="radio"/> N

APPLICATOR: <u>ED CRUZ</u>	TEMP: <u>77.4</u>	HEAD ACHE:	Y - <input checked="" type="radio"/> N
SPRAYER USED: <u>EMS</u>	CAUGHING:	FEVER	Y - <input checked="" type="radio"/> N
DISINFECTANT: <u>OXIVIR</u>	FLU SYMPTOMS:		Y - <input checked="" type="radio"/> N

APPLICATOR: _____	TEMP: _____	HEAD ACHE:	Y - N
SPRAYER USED: _____	CAUGHING:	FEVER	Y - N
DISINFECTANT: _____	FLU SYMPTOMS:		Y - N

APPLICATOR: _____	TEMP: _____	HEAD ACHE:	Y - N
SPRAYER USED: _____	CAUGHING:	FEVER	Y - N
DISINFECTANT: _____	FLU SYMPTOMS:		Y - N

ADDITIONAL WORKS PERFORMED:

(1) 50+ PERSON BUS

CERTIFIED BY:

PRINT NAME: J. OGO

SIGNATURE: _____

INVOICE



JOGO SANITATION SERVICES

P.O. BOX 501856
 SAIPAN, MP 96950
 EMAIL: Jessego13@gmail.com
 TEL: 670-285-2905

Date: Dec. 1, 2021
 Invoice #: JOSS-DOC-1201
 Vendor #: 102017

ATTN: Wally Villagomez
 Department of Corrections, Commissioner

Item	Description	Unit Charge/Sq. Ft.	Unit Price
	Disinfection Application for DOC:		
1	Entrance/Corridor	3564	\$712.80
2	Admin Individual Offices	\$225	\$2,925.00
3	Admin Locker Rooms	\$450	\$900.00
4	Staff Briefing	\$450	\$450.00
5	North Entrance	\$225	\$225.00
6	North Entrance Restroom	\$80	\$80.00
7	Private Visiting Room	\$225	\$900.00
8	Visiting Restroom	\$80	\$80.00
9	Visiting Stalls	735	\$365.00
10	Rear Visting Rooms	\$225	\$450.00
11	Control Room	\$225	\$225.00
12	Corridor Restroom	\$80	\$80.00
13	Kitchen/Logistics	7344	\$1,468.80
14	Booking Cells	\$80	\$960.00
15	Booking individual Rooms	\$225	\$1,575.00
16	Sally Port	1428	\$285.60
17	Pod 3	7056	1,411.20
18	Pod 3 Individual Cells	\$80	\$2,880.00
19	Emergency Non-Scheduled Service	\$800	\$800
Total			\$16,773.40

Jessego
 JESSEGO OGO



PROJECT DATA SHEET

DISINFECTANT APPLICATION

PROJECT SITE: D.O.C.
SUSUPE AREA SQ. FT. _____
DATE: 12/01/21
START TIME: 1800 HOURS
END TIME: 2000 HOURS

CERTIFIED APPLICATOR: JESSELEO TAIMANAO OGO
CERT. NUMBER: 2021-C-028
DISINFECTANT SOLUTION: OXIVIR
APPLICATION METHOD: ELECTROSTATIC MISTING SPRAY

ON SITE MARSHAL: PRINT NAME: _____
SIGNATURE: _____

APPLICATOR: G. SARLAN TEMP: 97.2 HEAD ACHE: Y -
SPRAYER USED: EMS CAUGHING: Y - FEVER Y -
DISINFECTANT: OXIVIR FLU SYMPTOMS: Y -

APPLICATOR: E. CRUZ TEMP: 96.4 HEAD ACHE: Y -
SPRAYER USED: EMS CAUGHING: Y - FEVER Y -
DISINFECTANT: OXIVIR FLU SYMPTOMS: Y -

APPLICATOR: J. OGO TEMP: 98.1 HEAD ACHE: Y -
SPRAYER USED: EMS CAUGHING: Y - FEVER Y -
DISINFECTANT: OXIVIR FLU SYMPTOMS: Y -

APPLICATOR: _____ TEMP: _____ HEAD ACHE: Y - N
SPRAYER USED: _____ CAUGHING: Y - N FEVER Y - N
DISINFECTANT: _____ FLU SYMPTOMS: Y - N

ADDITIONAL WORKS PERFORMED:

ENTRANCE, ADMIN, VISITING, CORRIDOR, CONTROL ROOM,
CORRIDOR RR, ~~STORAGE~~, STORAGE HALL, LOADING DOCK, KITCHEN,
COMMISSARY, BOOKING, RR, DOUBLE DOOR DROP OFF, PALA PALA,
CELL ROOMS, POD 3,

CERTIFIED BY: PRINT NAME: J. OGO
SIGNATURE: _____

INVOICE

**JOGO SANITATION SERVICES**

P.O. BOX 501856
 SAIPAN, MP 96950
 EMAIL: Jesseogo13@gmail.com
 TEL: 670-285-2905

Date: Dec. 2, 2021
 Invoice #: JOSS-DOC-1202
 Vendor #: 102017

ATTN: Wally Villagomez
 Department of Corrections, Commissioner

Item	Description	Unit Charge/Sq. Ft.	Unit Price
	Disinfection Application for DOC:		
1	Entrance/Corridor	3564	\$712.80
2	Admin Individual Offices	\$225	\$2,925.00
3	Admin Locker Rooms	\$450	\$900.00
4	Staff Briefing	\$450	\$450.00
5	North Entrance	\$225	\$225.00
6	North Entrance Restroom	\$80	\$80.00
11	Control Room	\$225	\$225.00
12	Corridor Restroom	\$80	\$80.00
13	Kitchen/Logistics	7344	\$1,468.80
17	Pod 1	7056	\$1,411.20
18	Pod 1 Individual Cells	\$80	\$960.00
19	Pod 3	7056	\$1,411.20
20	Pod 3 Individual Cells	\$80	\$2,880.00
21	Multi Room	\$450	\$900.00
22	Emergency Non-Scheduled Service	\$800	\$800.00
Total			\$15,429.00

JESSELEO T. OGO



PROJECT DATA SHEET

DISINFECTANT APPLICATION

PROJECT SITE: DOC
SUSUPE AREA SQ. FT. _____
DATE: 12/2/21
START TIME: 0930 HOURS
END TIME: 1100 HOURS

CERTIFIED APPLICATOR: JESSELEO TAIMANAO OGO
CERT. NUMBER: 2021-C-028
DISINFECTANT SOLUTION: OXIVIR
APPLICATION METHOD: ELECTROSTATIC MISTING SPRAY

ON SITE MARSHAL: PRINT NAME: _____
SIGNATURE: _____

APPLICATOR: J. OGO TEMP: 98 HEAD ACHE: Y - N
SPRAYER USED: EMS CAUGHING: Y - N FEVER Y - N
DISINFECTANT: OXIVIR FLU SYMPTOMS: Y - N

APPLICATOR: E. CRUZ TEMP: 97.4 HEAD ACHE: Y - N
SPRAYER USED: EMS CAUGHING: Y - N FEVER Y - N
DISINFECTANT: OXIVIR FLU SYMPTOMS: Y - N

APPLICATOR: _____ TEMP: _____ HEAD ACHE: Y - N
SPRAYER USED: _____ CAUGHING: Y - N FEVER Y - N
DISINFECTANT: _____ FLU SYMPTOMS: Y - N

APPLICATOR: _____ TEMP: _____ HEAD ACHE: Y - N
SPRAYER USED: _____ CAUGHING: Y - N FEVER Y - N
DISINFECTANT: _____ FLU SYMPTOMS: Y - N

ADDITIONAL WORKS PERFORMED:

BACK ENTRANCE, ADMIN, FRONT ENTRANCE, SCREENING, R.R,
CORRIDOR, POD 2 + 3, STORAGE HALL, STORAGE, KITCHEN,

CERTIFIED BY: PRINT NAME: J. OGO
SIGNATURE: _____



JOGO SANITATION SERVICES

P.O. BOX 501856
 SAIPAN, MP 96950
 EMAIL: Jessego13@gmail.com
 TEL: 670-285-2905

Date: Dec. 3, 2021
 Invoice #: JOSS-DOC-1203
 Vendor #: 102017

ATTN: Wally Villagomez
 Department of Corrections, Commissioner

Item	Description	Unit Charge/Sq. Ft.	Unit Price
	Disinfection Application for DOC:		
1	Entrance/Corridor	3564	\$712.80
2	Admin Individual Offices	\$225	\$2,925.00
3	Admin Locker Rooms	\$450	\$900.00
4	Staff Briefing	\$450	\$450.00
5	North Entrance	\$225	\$225.00
6	North Entrance Restroom	\$80	\$80.00
7	Private Visiting Room	\$225	\$900.00
8	Visiting Restroom	\$80	\$80.00
9	Visiting Stalls	735	\$365.00
10	Rear Visting Rooms	\$225	\$450.00
11	Control Room	\$225	\$225.00
12	Corridor Restroom	\$80	\$80.00
13	Kitchen/Logistics	7344	\$1,468.80
14	Booking Cells	\$80	\$960.00
15	Booking individual Rooms	\$225	\$1,575.00
16	Sally Port	1428	\$285.60
17	Pod 1	7056	\$1,411.20
18	Pod 1 Individual Cells	\$80	\$960.00
19	Pod 3	7056	\$1,411.20
20	Pod 3 Individual Cells	\$80	\$2,880.00
21	Multi Room	\$450	\$1,800.00

22	Emergency Non-Scheduled Service	\$800	\$800.00
		Total	\$20,944.60



JESSELEO T. OGO



PROJECT DATA SHEET

DISINFECTANT APPLICATION

PROJECT SITE: DOC.
SUSUPE AREA SQ. FT. _____
DATE: 12.3.21
START TIME: 1800 HOURS
END TIME: 1930 HOURS

CERTIFIED APPLICATOR: JESSELEO TAIMANAO OGO
CERT. NUMBER: 2021-C-028
DISINFECTANT SOLUTION: OXIVIR
APPLICATION METHOD: ELECTROSTATIC MISTING SPRAY

ON SITE MARSHAL: PRINT NAME: _____
SIGNATURE: _____

APPLICATOR: J.ogo TEMP: 96.2 HEAD ACHE: Y -
SPRAYER USED: EMS CAUGHING: Y - FEVER Y -
DISINFECTANT: OXIVIR FLU SYMPTOMS: Y -

APPLICATOR: E. Cruz TEMP: 97.1 HEAD ACHE: Y -
SPRAYER USED: EMS CAUGHING: Y - FEVER Y -
DISINFECTANT: OXIVIR FLU SYMPTOMS: Y -

APPLICATOR: _____ TEMP: _____ HEAD ACHE: Y - N
SPRAYER USED: _____ CAUGHING: Y - N FEVER Y - N
DISINFECTANT: _____ FLU SYMPTOMS: Y - N

APPLICATOR: _____ TEMP: _____ HEAD ACHE: Y - N
SPRAYER USED: _____ CAUGHING: Y - N FEVER Y - N
DISINFECTANT: _____ FLU SYMPTOMS: Y - N

ADDITIONAL WORKS PERFORMED:
REAR ENTRANCE, ADMIN, 2RR, BRIEFING ROOM, PALAPALA, ADMIN OFFICES,
NORTH ENTRANCE, SCREENING (BOTH SIDES) 21 STALL VISITING, ATTORNEY
ROOMS, ATTORNEY BACK ROOM, FACE TO FACE - TOUCH VISIT ROOM, BR,
CORRIDOR, PR, MEDICAL, ALL POD - SECTION 1 & 3, POD HALLWAYS,
GUARD STATIONS, MULT ROOMS FOR PODS 1, 2, 3, 4, STORAGE HALLWAY,
STORAGE RR, STORAGE

CERTIFIED BY: PRINT NAME: J.ogo
SIGNATURE:

INVOICE



JOGO SANITATION SERVICES

P.O. BOX 501856
 SAIPAN, MP 96950
 EMAIL: Jesseogo13@gmail.com
 TEL: 670-285-2905

Date: Dec. 4, 2021
 Invoice #: JOSS-DOC-1204
 Vendor #: 102017

ATTN: Wally Villagomez
 Department of Corrections, Commissioner

Item	Description	Unit Charge/Sq. Ft.	Unit Price
	Disinfection Application for DOC:		
1	Entrance/Corridor	3564	\$712.80
2	Admin Individual Offices	\$225	\$1,125.00
3	Admin Locker Rooms	\$450	\$900.00
4	Staff Briefing	\$450	\$450.00
5	North Entrance	\$225	\$225.00
6	North Entrance Restroom	\$80	\$80.00
7	Private Visiting Room	\$225	\$900.00
8	Visiting Restroom	\$80	\$80.00
9	Visiting Stalls	735	\$365.00
10	Rear Visting Rooms	\$225	\$450.00
11	Control Room	\$225	\$225.00
12	Corridor Restroom	\$80	\$80.00
13	Booking Cells	\$80	\$960.00
14	Booking individual Rooms	\$225	\$1,575.00
15	Sally Port	1428	\$285.60
16	Pod 1	7056	\$1,411.20
17	Pod 1 Individual Cells	\$80	\$960.00
18	Pod 2	7056	1,411.20
19	Pod 2 Individual Cells	\$80	\$3,840.00
20	Pod 3	7056	\$1,411.20
21	Pod 3 Individual Cells	\$80	\$2,880.00

22	Pod 4	\$80	\$2,880.00
23	Pod 4 Individual Cells	\$80	\$5,760.00
24	Multi Room	\$450	\$1,800.00
25	Emergency Non-Scheduled Service	\$800	\$800.00
Total			\$31,567.00



JESSELEO T. OGO



PROJECT DATA SHEET

DISINFECTANT APPLICATION

PROJECT SITE: DQC.
SUSUPE AREA SQ. FT. _____
DATE: 12.4.21
START TIME: 2330 HOURS
END TIME: 0120 HOURS

CERTIFIED APPLICATOR: JESSELEO TAIMANAO OGO
CERT. NUMBER: 2021-C-028
DISINFECTANT SOLUTION: OXIVIR
APPLICATION METHOD: ELECTROSTATIC MISTING SPRAY

ON SITE MARSHAL: PRINT NAME: _____
SIGNATURE: _____

APPLICATOR: J. Ogo TEMP: 97.2 HEAD ACHE: Y -
SPRAYER USED: EMS CAUGHING: Y - FEVER Y -
DISINFECTANT: OXIVIR FLU SYMPTOMS: Y -

APPLICATOR: E. Cruz TEMP: 98.3 HEAD ACHE: Y -
SPRAYER USED: EMS CAUGHING: Y - FEVER Y -
DISINFECTANT: OXIVIR FLU SYMPTOMS: Y -

APPLICATOR: G. SABLAN TEMP: 96.9 HEAD ACHE: Y -
SPRAYER USED: EMS CAUGHING: Y - FEVER Y -
DISINFECTANT: OXIVIR FLU SYMPTOMS: Y -

APPLICATOR: C. CASTRO TEMP: 97 HEAD ACHE: Y -
SPRAYER USED: EMS CAUGHING: Y - FEVER Y -
DISINFECTANT: OXIVIR FLU SYMPTOMS: Y -

~~ADDITIONAL~~ WORKS PERFORMED:

ADMIN, 5 OFFICES, CONF. ROOM, N. ENTRANCE, SCREENING, ALL VISITING AREAS, ETC...

APPLICATION: ALL AREAS EXCLUDING: COMMISSARY, LOADING DOCK 2 POD SECTIONS.

CERTIFIED BY:

PRINT NAME: J. Ogo
SIGNATURE: _____

INVOICE



JOGO SANITATION SERVICES

P.O. BOX 501856
 SAIPAN, MP 96950
 EMAIL: Jessego13@gmail.com
 TEL: 670-285-2905

Date: Dec. 5, 2021
 Invoice #: JOSS-DOC-1205
 Vendor #: 102017

ATTN: Wally Villagomez
 Department of Corrections, Commissioner

Item	Description	Unit Charge/Sq. Ft.	Unit Price
1	Disinfection Application for DOC: Entrance/Corridor	3564	\$712.80
2	Kitchen/Logistics	\$7,344	\$1,468.80
3	Pod 2	7056	\$1,411.20
4	Pod 2 Individual Cells	\$80	\$3,840.00
5	Open Exercise Area	1600	\$320.00
6	Pod 4	\$80	\$2,880.00
7	Pod 4 Individual Cells	\$80	\$5,760.00
8	Open Exercise Area	1600	\$320.00
9	Multi Room	\$450	\$900.00
10	CPU Utilities Building	10780	\$2,156.00
11	CPU Utilities Restroom	\$80	\$80.00
12	CPU Individual Room	\$225	\$225.00
13	Emergency Non-Scheduled Service	\$800	\$800.00
		Total	\$20,873.80

JESSELEO T. OGO



PROJECT DATA SHEET

DISINFECTANT APPLICATION

PROJECT SITE: DOC
SUSUPE AREA SQ. FT. 220K(+)
DATE: 12/5/21
START TIME: 0900 HOURS
END TIME: 1130 HOURS

CERTIFIED APPLICATOR: JESSELEO TAIMANAO OGO
CERT. NUMBER: 2021-C-028
DISINFECTANT SOLUTION: OXIVIR
APPLICATION METHOD: ELECTROSTATIC MISTING SPRAY

ON SITE MARSHAL: PRINT NAME: _____
SIGNATURE: _____

APPLICATOR: G. SABLAN TEMP: 97 HEAD ACHE: Y -
SPRAYER USED: EMS CAUGHING: Y - FEVER Y -
DISINFECTANT: OXIVIR FLU SYMPTOMS: Y -

APPLICATOR: E. CRUZ TEMP: 96.4 HEAD ACHE: Y -
SPRAYER USED: EMS CAUGHING: Y - FEVER Y -
DISINFECTANT: OXIVIR FLU SYMPTOMS: Y -

APPLICATOR: C. CASTRO TEMP: 96.9 HEAD ACHE: Y -
SPRAYER USED: EMS CAUGHING: Y - FEVER Y -
DISINFECTANT: OXIVIR FLU SYMPTOMS: Y -

APPLICATOR: _____ TEMP: _____ HEAD ACHE: Y - N
SPRAYER USED: _____ CAUGHING: Y - N FEVER Y - N
DISINFECTANT: _____ FLU SYMPTOMS: Y - N

ADDITIONAL WORKS PERFORMED:

(2) PODS 2 & 4, KITCHEN, UTILITIES BUILDING, RR, (1) ROOM

CERTIFIED BY: PRINT NAME: J. OGO
SIGNATURE: [Signature]

INVOICE



JOGO SANITATION SERVICES

P.O. BOX 501856
 SAIPAN, MP 96950
 EMAIL: Jesseogo13@gmail.com
 TEL: 670-285-2905

Date: Dec. 6, 2021
 Invoice #: JOSS-DOC-1206
 Vendor #: 102017

ATTN: Wally Villagomez
 Department of Corrections, Commissioner

Item	Description	Unit Charge/Sq. Ft.	Unit Price
	Disinfection Application for DOC:		
1	Outside Storage	\$225.00	\$225.00
2	Classroom	\$225.00	\$225.00
3	Kitchen	\$225.00	\$225.00
4	Conference Room	\$225.00	\$225.00
5	Inside Storage	\$225.00	\$225.00
6	Restroom	\$80.00	\$80.00
7	Shower	\$80.00	\$80.00
8	4 Standard Size Vehicles	\$225.00	\$900.00
		Total	\$2,185.00

JESSELEO T. OGO



PROJECT DATA SHEET

DISINFECTANT APPLICATION

PROJECT SITE: OUTREACH DDC. CAPITAL HILL AREA SQ. FT. _____

DATE: 12/6/21
START TIME: 1100 HOURS
END TIME: 1200 HOURS

CERTIFIED APPLICATOR: JESSELEO TAIMANAO OGO
CERT. NUMBER: 2021-C-028
DISINFECTANT SOLUTION: OXIVIR
APPLICATION METHOD: ELECTROSTATIC MISTING SPRAY

ON SITE MARSHAL: PRINT NAME: Jeffrey R. Quinlan
SIGNATURE: _____

APPLICATOR: J. OGO TEMP: 95.6 HEAD ACHE: Y - N
SPRAYER USED: HANDHELD CAUGHING: Y - N FEVER Y - N
DISINFECTANT: OXIVIR FLU SYMPTOMS: Y - N

APPLICATOR: C. CASTRO TEMP: 95.6 HEAD ACHE: Y - N
SPRAYER USED: HAND HELD CAUGHING: Y - N FEVER Y - N
DISINFECTANT: OXIVIR FLU SYMPTOMS: Y - N

APPLICATOR: E. Cruz TEMP: 95.4 HEAD ACHE: Y - N
SPRAYER USED: hand held CAUGHING: Y - N FEVER Y - N
DISINFECTANT: OXIVIR FLU SYMPTOMS: Y - N

APPLICATOR: L. Fleming Jr TEMP: 96.4 HEAD ACHE: Y - N
SPRAYER USED: hand held CAUGHING: Y - N FEVER Y - N
DISINFECTANT: OXIVIR FLU SYMPTOMS: Y - N

ADDITIONAL WORKS PERFORMED:

CERTIFIED BY: PRINT NAME: Jesseleo Ogo
SIGNATURE: _____

INVOICE



JOGO SANITATION SERVICES

P.O. BOX 501856
 SAIPAN, MP 96950
 EMAIL: Jesseogo13@gmail.com
 TEL: 670-285-2905

Date: Dec.7, 2021
 Invoice #: JOSS-DOC-1207.1
 Vendor #: 102017

ATTN: Wally Villagomez
 Department of Corrections, Commissioner

Item	Description	Unit Charge/Sq. Ft.	Unit Price
	Disinfection Application for Mango Resort DOC:		
1	Front Patio Area	\$80.00	\$80.00
2	Wheelchair Path	\$30.00	30.00
3	Lobby	\$1,800.00	\$360.00
4	Restrooms	\$80.00	\$80.00
5	Staircases	\$75.00	\$150.00
6	2nd Floor Hallway	\$150.00	\$150.00
7	3rd Floor Hallway	\$150.00	\$150.00
8	Room 301	\$225.00	\$225.00
9	Van (Standard Automobile)	\$225.00	\$225.00
		Total	\$1,450.00


 JESSELEO T. OGO



PROJECT DATA SHEET

Disinfection Application

PROJECT SITE: MANGO RESORT, DOC.

AREA SQ. FT: _____


DATE: 12/7/21 START TIME: 2130 HRS END TIME: 2245 HRS

CERTIFIED APPLICATOR: Jesseleo Taimanao Ogo

CERT NUMBER: 2021-C-028

DISINFECTANT SOLUTION: Oxivir

APPLICATION METHOD: Electrostatic Mist Spray(EMS) OR Manual Mist Spray(MMS)

ON SITE MARSHALL: CO3 V. Taitano 
Name & Signature

Applicator	Temp.	Flu-like Symptoms			Spray		Type Solution	
		Cough	Fever	Headache	EMS	MMS	Oxivir	Other
JESSE OGO	96	NONE			X		X	
EDMUND CRUZ	97	NONE			X		X	
GREGORIO SABLAN								
CAIN CASTRO	96	—	NONE	—	X		X	

Comments: FRONT PATIO AREA, WHEELCHAIR PATH, LOBBY, (2) RR,
SOUTH STAIRS, NORTH STAIRS, 2ND and 3RD HALLWAYS, ROOM 301,
(1) VAN

CERTIFIED BY: J. Ogo 
Name & Signature

12/7/21
Date

INVOICE



JOGO SANITATION SERVICES

P.O. BOX 501856
 SAIPAN, MP 96950
 EMAIL: Jesseogo13@gmail.com
 TEL: 670-285-2905

Date: Dec.7, 2021
 Invoice #: JOSS-DOC-1207
 Vendor #: 102017

ATTN: Wally Villagomez
 Department of Corrections, Commissioner

Item	Description	Unit Charge/Sq. Ft.	Unit Price
1	Disinfection Application for DOC: Entrance/Corridor	3564	\$712.80
3	Pod 3	7056	1,411.20
4	Pod 3 Individual Cells	\$80	\$2,880.00
5	Open Exercise Area	1600	\$320.00
6	Pod 4	7056	\$1,411.20
7	Pod 4 Individual Cells	\$80	\$5,760
8	Open Exercise Area	1600	\$320.00
9	Multi Room	\$450	\$900.00
10	Medical Rooms	\$225	\$900.00
11	Medical Restrooms	\$80	\$80.00
12	Booking Cells	\$80	\$960.00
13	Booking Individual Rooms	\$225	\$1,575.00
14	Sally Port	1428	\$285.60
15	Standard Vehicle	\$225	\$225.00
		Total	\$17,740.80

JESSELEO T. OGO



PROJECT DATA SHEET

Disinfection Application

PROJECT SITE: D.O.C. SUSUPE

AREA SQ. FT: _____

DATE: 12.7.21 START TIME: 1350 HRS END TIME: 1720 HRS

CERTIFIED APPLICATOR: Jesseleo Taimanao Ogo

CERT NUMBER: 2021-C-028

DISINFECTANT SOLUTION: Oxivir

APPLICATION METHOD: Electrostatic Mist Spray(EMS) OR Manual Mist Spray(MMS)

ON SITE MARSHALL: _____

Name & Signature

Applicator	Temp.	Flu-like Symptoms			Spray		Type Solution	
		Cough	Fever	Headache	EMS	MMS	Oxivir	Other
JESSE OGO	97	NONE			X		X	
EDMUND CRUZ	96				X		X	
GREGORIO SABLAN								
CAIN CASTRO	97	NONE NONE			X		X	

Comments: PALAPALA, REAR ENTRANCE, NORTH EAST DOD, SOUTHEAST POD,
2 MED EXAM ROOM, RR, DOCTOR OFFICE, MED BAY, CORRIDOR, RR
STORAGE HALL, BOOKING, ALL BOOKING CELLS, RR, STORAGE/LOCKER ROOM,
INMATE ATTIRE ROOM, (1) MIDSIZE SUV.

CERTIFIED BY: J. Ogo
 Name & Signature

12/7/21
 Date

INVOICE



JOGO SANITATION SERVICES

P.O. BOX 501856
 SAIPAN, MP 96950
 EMAIL: Jesseogo13@gmail.com
 TEL: 670-285-2905

Date: Dec. 8, 2021
 Invoice #: JOSS-DOC-1208
 Vendor #: 102017

ATTN: Wally Villagomez
 Department of Corrections, Commissioner

Item	Description	Unit Charge/Sq. Ft.	Unit Price
1	Disinfection Application for DOC: Entrance/Corridor	3564	\$712.80
2	Admin Locker Rooms	\$450	\$450.00
3	Kitchen/Logistics	7344	\$1,468.80
4	Booking Cells	\$80	\$960.00
5	Booking individual Rooms	\$225	\$1,575.00
6	Sally Port	1428	\$285.60
7	Storage Restroom	\$80	\$80.00
8	Medical Rooms	\$225	\$900.00
9	Medical Restrooms	\$80	\$80.00
10	Emergency Non-Scheduled Service	\$800	\$800.00
Total			\$7,312.20

JESSELEO T. OGO



PROJECT DATA SHEET

Disinfection Application

PROJECT SITE: O.O.C. SUSUDE

AREA SQ. FT: _____

DATE: 12-8-21 START TIME: 0900 HRS END TIME: 1100 HRS

CERTIFIED APPLICATOR: Jesseleo Taimanao Ogo

CERT NUMBER: 2021-C-028

DISINFECTANT SOLUTION: Oxivir

APPLICATION METHOD: Electrostatic Mist Spray(EMS) OR Manual Mist Spray(MMS)

ON SITE MARSHALL: _____

Name & Signature

Applicator	Temp.	Flu-like Symptoms			Spray		Type Solution	
		Cough	Fever	Headache	EMS	MMS	Oxivir	Other
JESSE OGO	96	/	/	/	X		X	
EDMUND CRUZ	97	/	/	/	X		X	
GREGORIO SABLAN								
CAIN CASTRO	97	/	/	/	X		X	

Comments: PALAPALA, REAR ENTRANCE, CORRIDOR, (M) LOCKER,
STORAGE HALL, STORAGE, STORAGE RR, ALL BOOKING,
MED BAY, DR. OFFICE, (2) EXAM ROOM, MED RR

CERTIFIED BY: J. OGO
 Name & Signature

12-8-21
 Date

INVOICE



JOGO SANITATION SERVICES

P.O. BOX 501856
SAIPAN, MP 96950
EMAIL: Jesseogo13@gmail.com
TEL: 670-285-2905

Date: Dec. 9, 2021
Invoice #: JOSS-DOC-1209.1
Vendor #: 102017

ATTN: Wally Villagomez
Department of Corrections, Commissioner

Item	Description	Unit Charge/Sq. Ft.	Unit Price
1	Disinfection Application for Mango Resort DOC: Rooms	\$225	\$450.00
2	2nd Floor Hallway	\$150	\$150.00
3	3rd Floor Hallway	\$150	\$150.00
4	Staircases	\$75	\$150.00
5	Van (Standard Automobile)	\$225	\$225.00
Total			\$1,125.00

JESSELEO T. OGO



PROJECT DATA SHEET

Disinfection Application

PROJECT SITE: mango reson!

AREA SQ. FT: _____

DATE: 12-9-21 START TIME: 9:00am HRS END TIME: 10:00 am HRS

CERTIFIED APPLICATOR: Jesseleo Taimanao Ogo

CERT NUMBER: 2021-C-028

DISINFECTANT SOLUTION: Oxivir

APPLICATION METHOD: Electrostatic Mist Spray(EMS) OR Manual Mist Spray(MMS)

ON SITE MARSHALL:

COB V. Taitano

Name & Signature

Applicator	Temp.	Flu-like Symptoms			Spray		Type Solution	
		Cough	Fever	Headache	EMS	MMS	Oxivir	Other
JESSE OGO	96.4	none	→		✓		✓	
EDMUND CRUZ	96.5				✓		✓	
GREGORIO SABLAN					✓		✓	
CAIN CASTRO	96.7	none			✓		✓	

Comments: rooms, hallways, STAIRCASE (2)
(4) ROOMS, 2ND & 3RD HALL, STAIRCASE (2), (1) VAN

CERTIFIED BY: Ed Cruz
Name & Signature

12-9-21
Date

INVOICE



JOGO SANITATION SERVICES

P.O. BOX 501856
 SAIPAN, MP 96950
 EMAIL: Jessego13@gmail.com
 TEL: 670-285-2905

Date: Dec. 9, 2021
 Invoice #: JOSS-DOC-1209
 Vendor #: 102017

ATTN: Wally Villagomez
 Department of Corrections, Commissioner

Item	Description	Unit Charge/Sq. Ft.	Unit Price
1	Disinfection Application for DOC: Entrance/Corridor	3564	\$712.80
2	Admin Individual Offices	\$225	\$450.00
3	Admin Locker Rooms	\$450	\$450.00
4	Staff Briefing	\$450	\$450.00
5	North Entrance	\$225	\$225.00
6	Pod 3	7056	\$1,411.20
7	Pod 3 Individual Cells	\$80	\$2,880.00
8	Open Exercise Area	1600	\$320.00
9	Booking Cells	\$80	\$960.00
10	Booking Individual Rooms	\$225	\$1,575.00
11	Sally Port	1428	\$285.60
12	Kitchen/Logistics	7344	\$1,468.80
		Total	\$11,188.40

JESSELEO T. OGO



PROJECT DATA SHEET

Disinfection Application

PROJECT SITE: D.O.C. SUSUPE

AREA SQ. FT: _____

DATE: 12.9.21 START TIME: 1930 HRS END TIME: 2130 HRS

CERTIFIED APPLICATOR: Jesseleo Taimanao Ogo

CERT NUMBER: 2021-C-028

DISINFECTANT SOLUTION: Oxivir

APPLICATION METHOD: Electrostatic Mist Spray(EMS) OR Manual Mist Spray(MMS)

ON SITE MARSHALL: _____
Name & Signature

Applicator	Temp.	Flu-like Symptoms			Spray		Type Solution	
		Cough	Fever	Headache	EMS	MMS	Oxivir	Other
JESSE OGO	97	—————			✓		✓	
EDMUND CRUZ	97	—————			✓		✓	
GREGORIO SABLAN								
CAIN CASTRO	96	—————			✓		✓	

Comments: PALAPALA, REAR ENTRANCE, ADMIN HALL, TIME CLOCK AREA, MENS LOCKER, CORRIDOR, POD 3 (ALL SECTIONS, MULTI, B. COURT.) BOOKING: ALL CELLS, CLOTHING ROOM, DOCK, (2) RR, KITCHEN, (2) STORAGE RR, STORAGE, STORAGE HALL

CERTIFIED BY: J. OGO _____ 12.9.21
Name & Signature Date