SQLIC PHILLIA	8		Republic of Philippines		No :	02 -	02 - 10101 - 2019-01 - 4		
A PRINCIPAL OF THE PRIN	NES · H		Department of Health	Date :		01/14/2019			
PATMENT OF H	No.	Centra	l Visayas Center for Health Deve	elopment		Fund :		02- 10101	
		Cen	ıtral Visayas, Osmeña Blvd. Ceb	u City					
Paye	е	ASSOCIATIO	N OF GOVERNMENT INTERNAL	. AUDITORS, II	NC.				
Offic	е	Department of	of Health						
Addre	ss	QUEZON CIT	Υ	i					
Responsibilit	y Center		Particulars	MFO/P	AP		Code/ nditure	Amount	
STO-MOOE		FEE OF THE THE RISK MA	E PAYMENT FOR TRAINING FOLLOWING PERSONNEL FOR NAGEMENT TRAINING FEB. 20-22, 2019, IN THE	2000001000	002000				
		1. RAMIL ABR 2. STEFANIE 3. JOSEPHINI 4. MARIA VEN							
		PO No.	PR No.						
	,	DV No. S01-0	049 Total						
A.	Certified:			В.	Certified:				
Charges to appropriation/ allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal					Allotment a indicated al	vailable and oblig pove	ated for the purp	oose/adjustment necessary as	
Signature :	•			Signature :					
Printed Name :	I	ELIZABETH P. T.	ABASA, CPA, MBA, CEO VI	Printed Name		LEONORA A. ANIEL			
Position :		Chief - Manag	Position		BU	JDGET OFFIC	ER III		
	Head Requesting Office / Authorized Representative					Head, Budget Unit / Authorized Representative			
Date :							02/26/2019)	
C.				TUS OF OBLIGA	TION				
	I	Referen	ice I	-		Am	ount I	Τ	
Date	P	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable	
01/14/2019	Ol	oligation	02 - 10101 - 2019-01 - 4						
			Totals						

BLICOMPHILIA			Republic of Philippines			No :	02 - 1	02 - 10101 - 2019-01 - 5	
A REP	NES .H.	Department of Health						01/15/2019	
A HILE		Centra	l Visayas Center for Health Deve	lopment		Fund :		02- 10101	
CAT	u City								
Paye	•	RAMIL ABRE	A						
Office	•	Department o	f Health						
Addres	ss	TALISAY CIT	Υ						
Responsibility	y Center		Particulars	MFO/PAP		UACS Exper		Amount	
STO-MC	PO No. PR No. D-MOOE TO OBLIGATE CASH ADVANCE OF TRAVELLING EXPENSES FOR METRO MANILA TRAVEL ON FEB. 19-23, 2019 TO ATTEND RISK MANAGEMENT SEMINAR, IN THE AMOUNT OF				200000100002000				
A.	Certified:	2 1 1101 101 0		В.	Certified:				
Charges to appropriation/ allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal				Allotment av	Allotment available and obligated for the purpose/adjustment necessary as indicated above				
Signature :				Signature :					
Printed Name :	ELIZABETH P. TABASA, CPA, MBA, CEO VI			Printed Name		LEONORA A. ANIEL			
Position :			ement Support Division	Position		BUDGET OFFICER III			
_		Head Requesting Office / Authorized Representative				Head, Budget		d Representative	
Date :				Date			02/26/2019		
C.				TUS OF OBLIGA	TION				
		Referen	ce			Amo	ount		
Date	Pa	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable	
01/15/2019	Ob	ligation	02 - 10101 - 2019-01 - 5						
			Totals						

STALIC PHILLI	*		Republic of Philippines			No :	02 - 1	02 - 10101 - 2019-01 - 6		
ES STATES		Department of Health						01/15/2019		
THE TANK OF THE PART OF THE PA	A STATE OF THE STA	Central Visayas Center for Health Development						02- 10101		
		Cen	tral Visayas, Osmeña Blvd. Ce	bu City						
Paye	е	LIBCAP SUPI	ER EXPRESS CORP.							
Offic	е	Department of	f Health							
Addre	ss	ILO-ILO CITY								
Responsibility Center Particulars			Particulars	MFO/F	MFO/PAP UACS Cod Expenditu			Amount		
STO-MC	DOE	ORDER FOR SERVICES FO JANUARY 20' CARGOES FF THE DIFFERE	E PAYMENT FOR ONE JOB FREIGHT AND HANDLING DR THE PERIOD FROM 19 TO DECEMBER 2019 FOR ROM DOH-7 WAREHOUSE TO ENT DESTINATIONS IN THE (BAC 2018-G24) EP, IN THE	200000100002000						
A.	Certified:			В.	Certified:					
	Charges to supervision;	appropriation/ allotm ; and supporting doc	ent necessary, lawful and under my direct uments valid, proper and legal	Signature :	Allotment avindicated ab	nt available and obligated for the purpose/adjustment necessary a d above				
Signature :	<u> </u>						···			
Printed Name :			ABASA, CPA, MBA, CEO VI	Printed Name		LEONORA A. ANIEL				
i Galuuri .		Chief - Management Support Division Position BUDGET OFFICER III								
Date :		neau requesting C	ffice / Authorized Representative	Date	Head, Budget Unit / Authorized Representative 02/26/2019					
C.			QT.	ATUS OF OBLIGA	ATION		02/20/2013			
<u>. </u>		Referen		- Color obliga		Am	ount			
Date	Р	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable		
01/15/2019	Ol	bligation	02 - 10101 - 2019-01 - 6							
		J ·								
	İ		Totals							

SBLIC MPHILIA			Republic of Philippines			No :	02 - 1	02 - 10101 - 2019-01 - 7	
A STATE OF THE STA	NES · H		Department of Health			Date :		01/15/2019	
PAPTMENT OF H	3	Centra	l Visayas Center for Health Deve	elopment		Fund :		02- 10101	
		Cen	tral Visayas, Osmeña Blvd. Ceb	u City					
Paye	Э	JONATHAN N	IEIL ERASMO						
Office	9	Department o	f Health						
Addres	ss	CEBU CITY							
Responsibility	y Center		Particulars	MFO/P	AP	UACS Exper		Amount	
STO-MC	TO OBLIGATE REIMBURSEMENT OF TRAVELLING EXPENSES INCURRED WHILE ON OFFICIAL TRAVEL TO BUENAVISTA, BOHOL LAST JAN. 9, 2019, IN THE AMOUNT OF PO No. PR No. DV No. T01-0012 Total			200001000	200000100002000				
A.	Certified:	DV 140. 101-00	7012	В.	Certified:	I			
Charges to appropriation/ allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal						vailable and oblig	ated for the purp	ose/adjustment necessary as	
Signature :				Signature :					
Printed Name :	F	ELIZABETH P. T.	ABASA, CPA, MBA, CEO VI	Printed Name		LEONORA A. ANIEL			
Position :			ement Support Division	Position		BUDGET OFFICER III			
_		Head Requesting O	ffice / Authorized Representative	_		Head, Budget Unit / Authorized Representative			
Date :				Date			02/26/2019		
C.				ΓUS OF OBLIGA	TION				
		Referen	ce			Amo	ount		
Date	Pa	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable	
01/15/2019	Ob	oligation	02 - 10101 - 2019-01 - 7						
			Totals						

Signature :	TO OBLIGATED THE PREPATRAINING CTHE AMOUNT	Particulars FE PAYMENT FOR TRAINING FOLLOWING PERSONNEL FOR RATION OF PPMP AND APP OURSE ON FEB. 13-15, 2019, IN	MFO/PAI	P UAC: Expe	S Code/ enditure	01/15/2019 02- 10101 Amount		
Office Address Responsibility Center STO-MOOE A. Certified: Charges to supervision Signature: Printed Name:	TO OBLIGATED THE PREPATRAINING CTHE AMOUNT	ntral Visayas, Osmeña Blvd. Ceb DN OF GOVERNMENT INTERNAL of Health TY Particulars TE PAYMENT FOR TRAINING E FOLLOWING PERSONNEL FOR RATION OF PPMP AND APP OURSE ON FEB. 13-15, 2019, IN JT OF THY JOHN ARRIESGADO	MFO/PAI	C. P UACS				
Office Address Responsibility Center STO-MOOE A. Certified: Charges to supervision Signature: Printed Name:	TO OBLIGATE OF THE PREPATRAINING CTHE AMOUNT.	PAYMENT FOR TRAINING FOLLOWING PERSONNEL FOR RATION OF PPMP AND APPOURSE ON FEB. 13-15, 2019, IN IT OF	MFO/PAI	P UAC: Expe		Amount		
Office Address Responsibility Center STO-MOOE A. Certified: Charges to supervision Signature: Printed Name:	Department QUEZON CIT TO OBLIGAT FEE OF THE THE PREPA TRAINING C THE AMOUN 1. MR. TIMO	Particulars TE PAYMENT FOR TRAINING FOLLOWING PERSONNEL FOR RATION OF PPMP AND APP OURSE ON FEB. 13-15, 2019, IN IT OF THY JOHN ARRIESGADO	MFO/PAI	P UAC: Expe		Amount		
Address Responsibility Center STO-MOOE A. Certified: Charges to supervision Signature: Printed Name:	TO OBLIGAT FEE OF THE THE PREPA TRAINING C THE AMOUN 1. MR. TIMO	Particulars TE PAYMENT FOR TRAINING FOLLOWING PERSONNEL FOR RATION OF PPMP AND APP OURSE ON FEB. 13-15, 2019, IN IT OF THY JOHN ARRIESGADO	20000010000	Р Ехре		Amount		
A. Certified: Charges to supervision Signature: Printed Name:	TO OBLIGAT FEE OF THE THE PREPA TRAINING C THE AMOUN 1. MR. TIMO	Particulars TE PAYMENT FOR TRAINING E FOLLOWING PERSONNEL FOR RATION OF PPMP AND APP OURSE ON FEB. 13-15, 2019, IN IT OF THY JOHN ARRIESGADO	20000010000	Р Ехре		Amount		
STO-MOOE A. Certified: Charges to supervision Signature: Printed Name:	FEE OF THE THE PREPA TRAINING C THE AMOUN	TE PAYMENT FOR TRAINING E FOLLOWING PERSONNEL FOR RATION OF PPMP AND APP OURSE ON FEB. 13-15, 2019, IN IT OF THY JOHN ARRIESGADO	20000010000	Р Ехре		Amount		
A. Certified: Charges to supervision Signature: Printed Name:	FEE OF THE THE PREPA TRAINING C THE AMOUN	FOLLOWING PERSONNEL FOR RATION OF PPMP AND APP OURSE ON FEB. 13-15, 2019, IN IT OF THY JOHN ARRIESGADO		02000				
Charges to supervision Signature : Printed Name :								
Charges to supervision Signature : Printed Name :								
Charges to supervision Signature : Printed Name :	1							
Charges to supervision Signature : Printed Name :	PO No.	PR No.			-			
Charges to supervision Signature : Printed Name :	DV No. S01-0	0053 Tota						
Printed Name :		ment necessary, lawful and under my direct scuments valid, proper and legal	A	Certified: Allotment available and oblindicated above	igated for the purpo	ose/adjustment necessary as		
Printed Name :								
	FI IZARETH P	TABASA, CPA, MBA, CEO VI	Signature : Printed Name	LEONORA A. ANIEL				
		agement Support Division	Position	BUDGET OFFICER III				
	Onio: mana	gomoni capport Britisisii						
	Head Requesting	Office / Authorized Representative		Head, Budget Unit / Authorized Representative				
Date :			Date		02/26/2019			
С.			TUS OF OBLIGATI					
	Refere	ence		An	nount			
Date F			Obligation	Payment	Not Yet Due	Due and Demandable		
01/15/2019 O	Particulars	ORS/JEV/RCI/RADAI No.		1				
	Particulars	ORS/JEV/RCI/RADAI No. 02 - 10101 - 2019-01 - 8						

STATE OF THE STATE	30		Republic of Philippines		No :	02 -	10101 - 2019-01 - 9		
G G G G G G G G G G G G G G G G G G G	ES · H		Department of Health	Date :		01/15/2019			
TAPIMENT OF H	3	Centra	l Visayas Center for Health Deve	elopment		Fund :		02- 10101	
		Cen	tral Visayas, Osmeña Blvd. Ceb	u City					
Paye	е	ROSELIER G	UIA						
Offic	е	Department of	of Health						
Addre	ss	CEBU CITY							
Responsibilit	ponsibility Center Particulars MFO/PAP UACS Code/ Expenditure			Amount					
STO-MC	TO OBLIGATE REIMBURSEMENT OF TRAVELLING EXPENSES INCURRED WHILE ON OFFICIAL TRAVEL TO CEBU PROVINCE LAST JAN. 8-11, 2019, IN THE AMOUNT OF PO No. PR No. DV No. T01-0014 TO OBLIGATE REIMBURSEMENT OF 2000000100002000 200000100002000 200000100002000								
A.	Certified:	DV NO. 101-0	014 Total	В.	Certified:				
	Charges to appropriation/ allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal						gated for the purp	oose/adjustment necessary as	
Signature :	_			Signature : Printed Name					
Printed Name : Position :		ELIZABETH P. TABASA, CPA, MBA, CEO VI Chief - Management Support Division			-	LEONORA A. ANIEL			
T GSILOTT.		Criter - Mariag	решені зарроп рілізіон	Position		BUDGET OFFICER III			
		Head Requesting O			Head, Budget Unit / Authorized Representative				
Date :							02/26/2019		
C.		5.4		TUS OF OBLIGA	TION				
Date	Pi	Referen	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable	
01/15/2019	Ok	oligation	02 - 10101 - 2019-01 - 9						
	İ								
			Totals						

SBLICOMPHILIA	8		Republic of Philippines			No :	02 - 1	02 - 10101 - 2019-01 - 10	
A REP	NES 'H	Department of Health						01/15/2019	
Ce		Centra	l Visayas Center for Health Deve	lopment		Fund :		02- 10101	
		Cen	tral Visayas, Osmeña Blvd. Ceb	u City					
Paye	9	CLARE MARC	GARET VERGARA						
Office	•	Department o	f Health						
Addres	ss	CEBU CITY							
Responsibility	y Center		Particulars	MFO/P	AP	UACS Exper		Amount	
STO-MC	TO OBLIGATE REIMBURSEMENT OF TRAVELLING EXPENSES INCURRED WHILE ON OFFICIAL TRAVEL TO CEBU PROVINCE LAST JAN. 8-11, 2019, IN THE AMOUNT OF PO No. PR No. DV No. T01-0015 Total			2000001000	200000100002000				
A.	Certified:		2 22	B.	Certified:	l			
Charges to appropriation/ allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal				Allotment av indicated ab	llotment available and obligated for the purpose/adjustment necessary as dicated above				
Signature :				Signature :					
Printed Name :	ELIZABETH P. TABASA, CPA, MBA, CEO VI			Printed Name		LEONORA A. ANIEL			
Position :		Chief - Manag	Position		BUDGET OFFICER III				
		Head Requesting Office / Authorized Representative				Head, Budget Unit / Authorized Representative			
Date :				Date			02/26/2019		
C.				TUS OF OBLIGA	TION				
		Referen	ce			Amo	ount		
Date	Pa	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable	
01/15/2019	Ob	ligation	02 - 10101 - 2019-01 - 10						
			Totals						

SALIC OF PHILLY			Republic of Philippines			No :	02 - 10	0101 - 2019-01 - 11	
S. I. S. I.		Department of Health Central Visayas Center for Health Development						01/17/2019	
								02- 10101	
· LAT		Cen	tral Visayas, Osmeña Blvd. Cel	ou City					
Paye	e L	ANDBANK C	OF THE PHILIPPINES						
Offic	e D	epartment o	f Health						
Addre	ss C	EBU CITY							
Responsibilit	y Center		Particulars	MFO/PAP			Code/ nditure	Amount	
TO OBLIGATE PAYMENT FOR CELLPHONE COMMUNICATION ALLOWANCE OF DOH CVCHD OFFICIALS FOR THE MONTH OF JANUARY 2019, IN THE AMOUNT OF PO No. PR No. DV No. T01-0018 Total Charges to appropriation/ allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal			200000100	Certified:	Expenditure		5,000.00 5,000.00 10,000.00 ose/adjustment necessary as		
Signature :				Signature :					
Printed Name :	ELI	IZABETH P. T	ABASA, CPA, MBA, CEO VI	Printed Name	LEONORA A. ANIEL				
Position :		Chief - Manag	Position		BU	JDGET OFFICE	ER III		
			War / Authoriza d Danas and disc			Head Dodge	Alleis / Audherine	I Donous antation	
Date :	He	ead Requesting O	ffice / Authorized Representative	Date	Head, Budget Unit / Authorized Representative				
C.			et.	ATUS OF OBLIGA	TION		02/26/2019		
. .	1	Referen		TOO OF OBLIGA		Am	ount		
				Obligation		Payment	Not Yet Due	Due and Demandable	
Date	Parti	iculars	ORS/JEV/RCI/RADAI No.	- Conganon					
Date 01/17/2019		gation	02 - 10101 - 2019-01 - 11	10,000.00					