



# OBLIGATION REQUEST AND STATUS

|  |  |                                 |  |   |             |                    |
|--|--|---------------------------------|--|---|-------------|--------------------|
|  <p><b>Republic of Philippines</b><br/> <b>Department of Health</b><br/> <b>Central Visayas Center for Health Development</b><br/> <b>Central Visayas, Osmeña Blvd. Cebu City</b></p> |  |                                 | <b>No :</b> <span style="float: right;"><b>02 - 10101 - 2019-01 - 4</b></span> |   |             |                    |
|  |  |                                 | <b>Date :</b> <span style="float: right;"><b>01/14/2019</b></span>             |   |             |                    |
|  |  |                                 | <b>Fund :</b> <span style="float: right;"><b>02- 10101</b></span>              |   |             |                    |
|  |  |                                 |  |   |             |                    |
| <b>Payee</b>   | <b>ASSOCIATION OF GOVERNMENT INTERNAL AUDITORS, INC.</b>   |                                 |  |   |             |                    |
| <b>Office</b>  | <b>Department of Health</b>  |                                 |  |   |             |                    |
| <b>Address</b>   | <b>QUEZON CITY</b>   |                                 |  |   |             |                    |
| <b>Responsibility Center</b>   | <b>Particulars</b>   | <b>MFO/PAP</b>                  | <b>UACS Code/<br/>Expenditure</b>  | <b>Amount</b>   |             |                    |
| STO-MOOE   | TO OBLIGATE PAYMENT FOR TRAINING FEE OF THE FOLLOWING PERSONNEL FOR THE RISK MANAGEMENT TRAINING COURSE ON FEB. 20-22, 2019, IN THE AMOUNT OF<br><br>1. RAMIL ABREA<br>2. STEFANIE LORRAINE TRINIDAD<br>3. JOSEPHINE VERGARA<br>4. MARIA VENICE MAQUILING<br><br><br>PO No. _____ PR No. _____<br>DV No. S01-0049 <span style="float: right;">Total</span> | 200000100002000                 |  |   |             |                    |
|  |  |                                 |  |   |             |                    |
| <b>A.</b>  | <b>Certified:</b>  |                                 | <b>B.</b>  | <b>Certified:</b>   |             |                    |
|  | Charges to appropriation/ allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal  |                                 |  | Allotment available and obligated for the purpose/adjustment necessary as indicated above |             |                    |
| Signature :  |  |                                 | Signature :  |   |             |                    |
| Printed Name :   | <b>ELIZABETH P. TABASA, CPA, MBA, CEO VI</b>   |                                 | Printed Name   | <b>LEONORA A. ANIEL</b>   |             |                    |
| Position :   | <b>Chief - Management Support Division</b>   |                                 | Position   | <b>BUDGET OFFICER III</b>   |             |                    |
|  |  |                                 |  |   |             |                    |
|  | Head Requesting Office / Authorized Representative   |                                 |  | Head, Budget Unit / Authorized Representative   |             |                    |
| Date :   |  |                                 | Date   | <b>02/26/2019</b>   |             |                    |
| <b>C.</b>  | <b>STATUS OF OBLIGATION</b>  |                                 |  |   |             |                    |
| Reference  |  |                                 | Amount   |   |             |                    |
| Date   | Particulars  | ORS/JEV/RCI/RADAI No.           | Obligation   | Payment   | Not Yet Due | Due and Demandable |
| <b>01/14/2019</b>  | <b>Obligation</b>  | <b>02 - 10101 - 2019-01 - 4</b> |  |   |             |                    |
|  |  |                                 |  |   |             |                    |
|  | Totals   |                                 |  |   |             |                    |


## OBLIGATION REQUEST AND STATUS

|   |                    |   |  |                 |                    |   |  |  |
|---|--------------------|---|--|-----------------|--------------------|---|--|--|
|  |                    |   | <p align="center"><b>Republic of Philippines</b></p> <p align="center"><b>Department of Health</b></p> <p align="center"><b>Central Visayas Center for Health Development</b></p> <p align="center"><b>Central Visayas, Osmeña Blvd. Cebu City</b></p> |                 |                    | <p><b>No :</b> <b>02 - 10101 - 2019-01 - 5</b></p> <p><b>Date :</b> <b>01/15/2019</b></p> <p><b>Fund :</b> <b>02- 10101</b></p> |  |  |
| <b>Payee</b>  |                    | <b>RAMIL ABREA</b>  |  |                 |                    |   |  |  |
| <b>Office</b>   |                    | <b>Department of Health</b>   |  |                 |                    |   |  |  |
| <b>Address</b>  |                    | <b>TALISAY CITY</b>   |  |                 |                    |   |  |  |
| <b>Responsibility Center</b>  |                    | <b>Particulars</b>  |  | <b>MFO/PAP</b>  |                    | <b>UACS Code/<br/>Expenditure</b>   |  |  |
| STO-MOOE  |                    | TO OBLIGATE CASH ADVANCE OF<br>TRAVELLING EXPENSES FOR METRO<br>MANILA TRAVEL ON FEB. 19-23, 2019 TO<br>ATTEND RISK MANAGEMENT SEMINAR, IN<br>THE AMOUNT OF |  | 200000100002000 |                    |   |  |  |
|   |                    | PO No.                      PR No.<br>DV No. T01-0009                      Total  |  |                 |                    |   |  |  |
| <b>A.</b>   |                    | <b>Certified:</b>   |  | <b>B.</b>       |                    | <b>Certified:</b>   |  |  |
|   |                    | Charges to appropriation/ allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal                     |  |                 |                    | Allotment available and obligated for the purpose/adjustment necessary as indicated above                                       |  |  |
| Signature :   |                    |   |  | Signature :     |                    |   |  |  |
| Printed Name :  |                    | <b>ELIZABETH P. TABASA, CPA, MBA, CEO VI</b>  |  | Printed Name    |                    | <b>LEONORA A. ANIEL</b>   |  |  |
| Position :  |                    | <b>Chief - Management Support Division</b>  |  | Position        |                    | <b>BUDGET OFFICER III</b>   |  |  |
|   |                    |   |  |                 |                    |   |  |  |
|   |                    | Head Requesting Office / Authorized Representative  |  |                 |                    | Head, Budget Unit / Authorized Representative   |  |  |
| Date :  |                    |   |  | Date            |                    | <b>02/26/2019</b>   |  |  |
| <b>C.</b>   |                    | <b>STATUS OF OBLIGATION</b>   |  |                 |                    |   |  |  |
| <b>Reference</b>  |                    |   |  | <b>Amount</b>   |                    |   |  |  |
| <b>Date</b>   | <b>Particulars</b> | <b>ORS/JEV/RCI/RADAI No.</b>  | <b>Obligation</b>  | <b>Payment</b>  | <b>Not Yet Due</b> | <b>Due and Demandable</b>   |  |  |
| <b>01/15/2019</b>   | <b>Obligation</b>  | <b>02 - 10101 - 2019-01 - 5</b>   |  |                 |                    |   |  |  |
|   |                    |   |  |                 |                    |   |  |  |
|   | <b>Totals</b>      |   |  |                 |                    |   |  |  |

## OBLIGATION REQUEST AND STATUS

[illegible]


## OBLIGATION REQUEST AND STATUS

|  |   |                                 |                                      |   |                    |                           |
|--|---|---------------------------------|--------------------------------------|---|--------------------|---------------------------|
|  <div style="text-align: center;"> <b>Republic of Philippines</b><br/> <b>Department of Health</b><br/> <b>Central Visayas Center for Health Development</b><br/> <b>Central Visayas, Osmeña Blvd. Cebu City</b> </div> |   |                                 | <b>No :</b> 02 - 10101 - 2019-01 - 7 |   |                    |                           |
|  |   |                                 | <b>Date :</b> 01/15/2019             |   |                    |                           |
|  |   |                                 | <b>Fund :</b> 02- 10101              |   |                    |                           |
|  |   |                                 |                                      |   |                    |                           |
| <b>Payee</b>   | <b>JONATHAN NEIL ERASMO</b>   |                                 |                                      |   |                    |                           |
| <b>Office</b>  | <b>Department of Health</b>   |                                 |                                      |   |                    |                           |
| <b>Address</b>   | <b>CEBU CITY</b>  |                                 |                                      |   |                    |                           |
| <b>Responsibility Center</b>   | <b>Particulars</b>  | <b>MFO/PAP</b>                  | <b>UACS Code/<br/>Expenditure</b>    | <b>Amount</b>   |                    |                           |
| STO-MOOE   | TO OBLIGATE REIMBURSEMENT OF TRAVELLING EXPENSES INCURRED WHILE ON OFFICIAL TRAVEL TO BUENAVISTA, BOHOL LAST JAN. 9, 2019, IN THE AMOUNT OF<br><br><br><br><br><br><br><br><br><br><div style="display: flex; justify-content: space-between;"> <span>PO No. DV No. T01-0012</span> <span>PR No.</span> <span>Total</span> </div> | 200000100002000                 |                                      |   |                    |                           |
| <b>A.</b>  | <b>Certified:</b>   |                                 | <b>B.</b>                            | <b>Certified:</b>   |                    |                           |
|  | Charges to appropriation/ allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal   |                                 |                                      | Allotment available and obligated for the purpose/adjustment necessary as indicated above |                    |                           |
| Signature :  |   |                                 | Signature :                          |   |                    |                           |
| Printed Name :   | <b>ELIZABETH P. TABASA, CPA, MBA, CEO VI</b>  |                                 | Printed Name                         | <b>LEONORA A. ANIEL</b>   |                    |                           |
| Position :   | <b>Chief - Management Support Division</b>  |                                 | Position                             | <b>BUDGET OFFICER III</b>   |                    |                           |
|  |   |                                 |                                      |   |                    |                           |
|  | Head Requesting Office / Authorized Representative  |                                 |                                      | Head, Budget Unit / Authorized Representative   |                    |                           |
| Date :   |   |                                 | Date                                 | <b>02/26/2019</b>   |                    |                           |
| <b>C.</b>  | <b>STATUS OF OBLIGATION</b>   |                                 |                                      |   |                    |                           |
| <b>Reference</b>   |   |                                 | <b>Amount</b>                        |   |                    |                           |
| <b>Date</b>  | <b>Particulars</b>  | <b>ORS/JEV/RCI/RADAI No.</b>    | <b>Obligation</b>                    | <b>Payment</b>  | <b>Not Yet Due</b> | <b>Due and Demandable</b> |
| <b>01/15/2019</b>  | <b>Obligation</b>   | <b>02 - 10101 - 2019-01 - 7</b> |                                      |   |                    |                           |
|  |   |                                 |                                      |   |                    |                           |
|  | <b>Totals</b>   |                                 |                                      |   |                    |                           |


## OBLIGATION REQUEST AND STATUS

|  <p><b>Republic of Philippines</b></p> <p><b>Department of Health</b></p> <p><b>Central Visayas Center for Health Development</b></p> <p><b>Central Visayas, Osmeña Blvd. Cebu City</b></p> |   |                                 | <b>No :</b> <b>02 - 10101 - 2019-01 - 8</b> |   |             |                    |
|---|---|---------------------------------|---|---|-------------|--------------------|
|   |   |                                 | <b>Date :</b> <b>01/15/2019</b>             |   |             |                    |
|   |   |                                 | <b>Fund :</b> <b>02- 10101</b>              |   |             |                    |
|   |   |                                 |   |   |             |                    |
| <b>Payee</b>  | <b>ASSOCIATION OF GOVERNMENT INTERNAL AUDITORS, INC.</b>  |                                 |   |   |             |                    |
| <b>Office</b>   | <b>Department of Health</b>   |                                 |   |   |             |                    |
| <b>Address</b>  | <b>QUEZON CITY</b>  |                                 |   |   |             |                    |
| <b>Responsibility Center</b>  | <b>Particulars</b>  | <b>MFO/PAP</b>                  | <b>UACS Code/<br/>Expenditure</b>           | <b>Amount</b>   |             |                    |
| <b>STO-MOOE</b>   | TO OBLIGATE PAYMENT FOR TRAINING FEE OF THE FOLLOWING PERSONNEL FOR THE PREPARATION OF PPMP AND APP TRAINING COURSE ON FEB. 13-15, 2019, IN THE AMOUNT OF | 200000100002000                 |   |   |             |                    |
|   | 1. MR. TIMOTHY JOHN ARRIESGADO<br>2. MS. JONAH JANE MENDEZ  |                                 |   |   |             |                    |
|   |   |                                 |   |   |             |                    |
|   |   |                                 |   |   |             |                    |
|   | PO No.                                  PR No.<br>DV No. S01-0053                                  Total  |                                 |   |   |             |                    |
| <b>A.</b>   | <b>Certified:</b>   |                                 | <b>B.</b>                                   | <b>Certified:</b>   |             |                    |
|   | Charges to appropriation/ allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal                   |                                 |   | Allotment available and obligated for the purpose/adjustment necessary as indicated above |             |                    |
| Signature :   |   |                                 | Signature :                                 |   |             |                    |
| Printed Name :  | <b>ELIZABETH P. TABASA, CPA, MBA, CEO VI</b>  |                                 | Printed Name                                | <b>LEONORA A. ANIEL</b>   |             |                    |
| Position :  | <b>Chief - Management Support Division</b>  |                                 | Position                                    | <b>BUDGET OFFICER III</b>   |             |                    |
|   |   |                                 |   |   |             |                    |
|   | Head Requesting Office / Authorized Representative  |                                 |   | Head, Budget Unit / Authorized Representative   |             |                    |
| Date :  |   |                                 | Date  | <b>02/26/2019</b>   |             |                    |
| <b>C.</b>   | <b>STATUS OF OBLIGATION</b>   |                                 |   |   |             |                    |
| Reference   |   |                                 | Amount                                      |   |             |                    |
| Date  | Particulars   | ORS/JEV/RCI/RADAI No.           | Obligation                                  | Payment   | Not Yet Due | Due and Demandable |
| <b>01/15/2019</b>   | <b>Obligation</b>   | <b>02 - 10101 - 2019-01 - 8</b> |   |   |             |                    |
|   |   |                                 |   |   |             |                    |
|   |   | Totals                          |   |   |             |                    |


# OBLIGATION REQUEST AND STATUS

|  |   |                                 |   |   |                    |                           |
|--|---|---------------------------------|---|---|--------------------|---------------------------|
|  <p><b>Republic of Philippines</b><br/> <b>Department of Health</b><br/> <b>Central Visayas Center for Health Development</b><br/> <b>Central Visayas, Osmeña Blvd. Cebu City</b></p> |   |                                 | <b>No :</b> <u>02 - 10101 - 2019-01 - 9</u> |   |                    |                           |
|  |   |                                 | <b>Date :</b> <u>01/15/2019</u>             |   |                    |                           |
|  |   |                                 | <b>Fund :</b> <u>02- 10101</u>              |   |                    |                           |
|  |   |                                 |   |   |                    |                           |
| <b>Payee</b>   | <b>ROSELIER GUIA</b>  |                                 |   |   |                    |                           |
| <b>Office</b>  | <b>Department of Health</b>   |                                 |   |   |                    |                           |
| <b>Address</b>   | <b>CEBU CITY</b>  |                                 |   |   |                    |                           |
| <b>Responsibility Center</b>   | <b>Particulars</b>  | <b>MFO/PAP</b>                  | <b>UACS Code/<br/>Expenditure</b>           | <b>Amount</b>   |                    |                           |
| STO-MOOE   | TO OBLIGATE REIMBURSEMENT OF TRAVELLING EXPENSES INCURRED WHILE ON OFFICIAL TRAVEL TO CEBU PROVINCE LAST JAN. 8-11, 2019, IN THE AMOUNT OF<br><br><br><br><br><br><br><br>PO No. _____ PR No. _____<br>DV No. T01-0014 <span style="float: right;">Total</span> | 200000100002000                 |   |   |                    |                           |
|  |   |                                 |   |   |                    |                           |
| <b>A.</b>  | <b>Certified:</b>   |                                 | <b>B.</b>                                   | <b>Certified:</b>   |                    |                           |
|  | Charges to appropriation/ allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal   |                                 |   | Allotment available and obligated for the purpose/adjustment necessary as indicated above |                    |                           |
| Signature :  |   |                                 | Signature :                                 |   |                    |                           |
| Printed Name :   | <b>ELIZABETH P. TABASA, CPA, MBA, CEO VI</b>  |                                 | Printed Name                                | <b>LEONORA A. ANIEL</b>   |                    |                           |
| Position :   | <b>Chief - Management Support Division</b>  |                                 | Position                                    | <b>BUDGET OFFICER III</b>   |                    |                           |
|  |   |                                 |   |   |                    |                           |
|  | Head Requesting Office / Authorized Representative  |                                 |   | Head, Budget Unit / Authorized Representative   |                    |                           |
| Date :   |   |                                 | Date  | <b>02/26/2019</b>   |                    |                           |
| <b>C.</b>  | <b>STATUS OF OBLIGATION</b>   |                                 |   |   |                    |                           |
| <b>Reference</b>   |   |                                 | <b>Amount</b>                               |   |                    |                           |
| <b>Date</b>  | <b>Particulars</b>  | <b>ORS/JEV/RCI/RADAI No.</b>    | <b>Obligation</b>                           | <b>Payment</b>  | <b>Not Yet Due</b> | <b>Due and Demandable</b> |
| <b>01/15/2019</b>  | <b>Obligation</b>   | <b>02 - 10101 - 2019-01 - 9</b> |   |   |                    |                           |
|  |   |                                 |   |   |                    |                           |
|  | Totals  |                                 |   |   |                    |                           |

# OBLIGATION REQUEST AND STATUS

|  |   |                                  |  |   |             |                    |
|--|---|----------------------------------|--|---|-------------|--------------------|
|  <p><b>Republic of Philippines</b><br/> <b>Department of Health</b><br/> <b>Central Visayas Center for Health Development</b><br/> <b>Central Visayas, Osmeña Blvd. Cebu City</b></p> |   |                                  | <b>No :</b> <u>02 - 10101 - 2019-01 - 10</u> |   |             |                    |
|  |   |                                  | <b>Date :</b> <u>01/15/2019</u>              |   |             |                    |
|  |   |                                  | <b>Fund :</b> <u>02- 10101</u>               |   |             |                    |
|  |   |                                  |  |   |             |                    |
| <b>Payee</b>   | <b>CLARE MARGARET VERGARA</b>   |                                  |  |   |             |                    |
| <b>Office</b>  | <b>Department of Health</b>   |                                  |  |   |             |                    |
| <b>Address</b>   | <b>CEBU CITY</b>  |                                  |  |   |             |                    |
| <b>Responsibility Center</b>   | <b>Particulars</b>  | <b>MFO/PAP</b>                   | <b>UACS Code/<br/>Expenditure</b>            | <b>Amount</b>   |             |                    |
| STO-MOOE   | TO OBLIGATE REIMBURSEMENT OF TRAVELLING EXPENSES INCURRED WHILE ON OFFICIAL TRAVEL TO CEBU PROVINCE LAST JAN. 8-11, 2019, IN THE AMOUNT OF<br><br>PO No. _____ PR No. _____<br>DV No. T01-0015 <span style="float: right;">Total</span> | 200000100002000                  |  |   |             |                    |
|  |   |                                  |  |   |             |                    |
| <b>A.</b>  | <b>Certified:</b>   |                                  | <b>B.</b>                                    | <b>Certified:</b>   |             |                    |
|  | Charges to appropriation/ allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal   |                                  |  | Allotment available and obligated for the purpose/adjustment necessary as indicated above |             |                    |
| Signature :  |   |                                  | Signature :                                  |   |             |                    |
| Printed Name :   | <b>ELIZABETH P. TABASA, CPA, MBA, CEO VI</b>  |                                  | Printed Name                                 | <b>LEONORA A. ANIEL</b>   |             |                    |
| Position :   | <b>Chief - Management Support Division</b>  |                                  | Position                                     | <b>BUDGET OFFICER III</b>   |             |                    |
|  |   |                                  |  |   |             |                    |
|  | Head Requesting Office / Authorized Representative  |                                  |  | Head, Budget Unit / Authorized Representative   |             |                    |
| Date :   |   |                                  | Date   | <b>02/26/2019</b>   |             |                    |
| <b>C.</b>  | <b>STATUS OF OBLIGATION</b>   |                                  |  |   |             |                    |
| Reference  |   |                                  | Amount                                       |   |             |                    |
| Date   | Particulars   | ORS/JEV/RCI/RADAI No.            | Obligation                                   | Payment   | Not Yet Due | Due and Demandable |
| <b>01/15/2019</b>  | <b>Obligation</b>   | <b>02 - 10101 - 2019-01 - 10</b> |  |   |             |                    |
|  |   |                                  |  |   |             |                    |
|  | Totals  |                                  |  |   |             |                    |

## OBLIGATION REQUEST AND STATUS

|  |             |   |  |                                       |            |   |             |   |  |  |  |
|--|-------------|---|--|---------------------------------------|------------|---|-------------|---|--|--|--|
|  <div style="text-align: center;"> <b>Republic of Philippines</b><br/> <b>Department of Health</b><br/> <b>Central Visayas Center for Health Development</b><br/> <b>Central Visayas, Osmeña Blvd. Cebu City</b> </div> |             |   |  | <b>No :</b> 02 - 10101 - 2019-01 - 11 |            |   |             |   |  |  |  |
|  |             |   |  | <b>Date :</b> 01/17/2019              |            |   |             |   |  |  |  |
|  |             |   |  | <b>Fund :</b> 02- 10101               |            |   |             |   |  |  |  |
|  |             |   |  |                                       |            |   |             |   |  |  |  |
| <b>Payee</b>   |             | <b>LANDBANK OF THE PHILIPPINES</b>  |  |                                       |            |   |             |   |  |  |  |
| <b>Office</b>  |             | <b>Department of Health</b>   |  |                                       |            |   |             |   |  |  |  |
| <b>Address</b>   |             | <b>CEBU CITY</b>  |  |                                       |            |   |             |   |  |  |  |
| <b>Responsibility Center</b>   |             | <b>Particulars</b>  |  | <b>MFO/PAP</b>                        |            | <b>UACS Code/<br/>Expenditure</b>                   |             | <b>Amount</b>   |  |  |  |
| STO-MOOE   |             | TO OBLIGATE PAYMENT FOR CELLPHONE<br>COMMUNICATION ALLOWANCE OF DOH<br>CVCHD OFFICIALS FOR THE MONTH OF<br>JANUARY 2019, IN THE AMOUNT OF |  | 200000100002000                       |            | 5010101001  |             | 5,000.00  |  |  |  |
|  |             |   |  |                                       |            | 5010102000  |             | 5,000.00  |  |  |  |
|  |             |   |  |                                       |            |   |             |   |  |  |  |
|  |             | PO No.                      PR No.<br>DV No. T01-0018                      Total  |  |                                       |            |   |             | 10,000.00   |  |  |  |
| <b>A.</b>  |             | <b>Certified:</b>   |  |                                       |            | <b>B.</b>   |             | <b>Certified:</b>   |  |  |  |
| Signature :<br><br>Printed Name :<br><br>Position :  |             | Charges to appropriation/ allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal   |  |                                       |            | Signature :<br><br>Printed Name :<br><br>Position : |             | Allotment available and obligated for the purpose/adjustment necessary as indicated above |  |  |  |
|  |             |   |  |                                       |            |   |             |   |  |  |  |
|  |             |   |  |                                       |            |   |             |   |  |  |  |
|  |             |   |  |                                       |            |   |             |   |  |  |  |
|  |             | <b>ELIZABETH P. TABASA, CPA, MBA, CEO VI</b>  |  |                                       |            |   |             | <b>LEONORA A. ANIEL</b>   |  |  |  |
|  |             | <b>Chief - Management Support Division</b>  |  |                                       |            |   |             | <b>BUDGET OFFICER III</b>   |  |  |  |
|  |             |   |  |                                       |            |   |             |   |  |  |  |
|  |             | Head Requesting Office / Authorized Representative  |  |                                       |            |   |             | Head, Budget Unit / Authorized Representative   |  |  |  |
| Date :   |             |   |  |                                       |            | Date  |             | 02/26/2019  |  |  |  |
| <b>C.</b>  |             | <b>STATUS OF OBLIGATION</b>   |  |                                       |            |   |             |   |  |  |  |
| Reference  |             |   |  |                                       | Amount     |   |             |   |  |  |  |
| Date   | Particulars | ORS/JEV/RCI/RADAI No.   |  |                                       | Obligation | Payment   | Not Yet Due | Due and Demandable  |  |  |  |
| 01/17/2019   | Obligation  | 02 - 10101 - 2019-01 - 11   |  |                                       | 10,000.00  |   |             |   |  |  |  |
|  |             |   |  |                                       |            |   |             |   |  |  |  |
|  |             | Totals  |  |                                       | 10,000.00  |   |             |   |  |  |  |