Republic of Philippines					No :	53	86-2018-02-13-1			
H H		Department Of Health					Date : 02/13/2018			
A OFFICE IN			Regional Office 7		Fund :					
	u City									
Paye	e	LANDBANK OF THE PHILIPPINES								
Office		Department of Health								
Addre	ss	CEBU CITY								
Responsibility Center			Particulars	MFO/P	AP	UACS Code/ Expenditure		Amount		
78995554457 SAA-RRFHS A. Certified: Charges to supervision		PAY OF DOM MONTH OF F AMOUNT OF PO No.	PR No. PR No. 242 Total ent necessary, lawful and under my direct uments valid, proper and legal	B. Certified		vailable and oblig	ated for the purp	0.00 pose/adjustment necessary as		
Signature :				Signature :						
Printed Name :		RAMIL R.	. ABREA, CPA, MBA	Printed Name		LEONORA A. ANIEL				
Position :	OI	IC- Chief - Manag	gement Support Division NIR	Position		BUDGET OFFICER III				
Data :		Head Requesting C	Office / Authorized Representative	Doto	-	Head, Budget Unit / Authorized Representative				
Date :			QTA'	Date TUS OF OBLIGA	TION		11/13/2018)		
<u>.</u>	I .	Referen		Amount						
Date	Particulars ORS/JEV/RCI/RADAI No.		Obligation		Payment	Not Yet Due	Due and Demandable			
02/13/2018	C	Obligation	5386-2018-02-13-1							
1	t			+	- 1					

ELINENT OF THE PARTY OF THE PAR		Republic of Philippines Department Of Health					53	87-2018-02-13-2	
								02/13/2018	
PRODUCTION OF FICH AND ADDRESS OF THE PRODUCTION OF FICH AND ADDRESS OF THE PRODUCTION OF THE PRODUCTI		Regional Office 7							
Cen			tral Visayas, Osmeña Blvd. Ceb	u City					
Paye	9	LANDBANK O	OF THE PHILIPPINES						
Office		Department o	of Health						
Addres	ss	CEBU CITY							
Responsibility Center			Particulars	MFO/P	AP	UACS Code/ Expenditure		Amount	
A. Certified: Charges to a supervision:		PO No. DV No. T01-02	PR No. PR No. 268 Total ent necessary, lawful and under my direct uments valid, proper and legal	PR No. Total B. Ce		Certified: Allotment available and obligated for the purpose/adjust indicated above		0.00	
Signature :				Signature :					
Printed Name :		RAMIL R.	ABREA, CPA, MBA	Printed Name		LE	ONORA A. A	NIEL	
Position :	OI	C- Chief - Manag	gement Support Division NIR	Position	BUDGET OFFICER III				
		Head Requesting O	ffice / Authorized Representative			Head, Budget Unit / Authorized Representative			
Date :				Date			11/13/2018		
C.		Referen		TUS OF OBLIGA	TION	Λ ma	numt.		
		Keieieli	u u	Amount					
Date	Particulars ORS/JEV/RCI/RADAI No.		Obligation		Payment	Not Yet Due	Due and Demandable		
02/13/2018	Obligation 5387-2018-02-13-2								
			Totala						

ENT OF THE		Republic of Philippines Department Of Health					53	88-2018-01-11-3
								01/11/2018
PROJONAL OFFICE		Regional Office 7						
		Cen	tral Visayas, Osmeña Blvd. Ceb	Osmeña Blvd. Cebu City				
Paye	e	LANDBANK O	OF THE PHILIPPINES					
Office		Department o	f Health					
Addres	ss	CEBU CITY						
Responsibility Center			Particulars	MFO/P	AP	UACS Expen		Amount
203555444588 STO-OPERATIONS		VII OFFICIALS	E PAYMENT FOR RATA OF DOH S FOR THE MONTH OF 018, IN THE AMOUNT OF	310202100002000		02000 5010101001		50,000.00
		PO No.	PR No.					
		DV No. T01-02	2683 Total					50,000.00
Α.	Certified:			В.	Certified:			
Signature:	supervision;	and supporting doci	ent necessary, lawful and under my direct uments valid, proper and legal	Signature :	indicated ab	ove	aced for the purp	ose/adjustment necessary as
Printed Name :	E	ELIZABETH P. T	ABASA, CPA, MBA, CEO VI	Printed Name		LE	ONORA A. A	NIEL
Position:			ement Support Division	Position			DGET OFFIC	
Date :		Head Requesting O	ffice / Authorized Representative	Dete		Head, Budget Unit / Authorized Representative		
Date :				Date TUS OF OBLIGA	TION		11/13/2018	
J.		Referen		OS OF OBLIGA		Amo	ount	
Date	Pa	Particulars ORS/JEV/RCI/RADAI No.		Obligation		Payment	Not Yet Due	Due and Demandable
01/11/2018	0	bligation	5388-2018-01-11-3	50,000.00	4	15,000.00		

ELINENT OF THE		Republic of Philippines Department Of Health					53	89-2018-11-14-4		
								11/14/2018		
THO THE STATE OF T	N. C.		Regional Office 7							
AL OI	Cen	ou City								
Paye	 e	PHIC								
Office		Department o	Department of Health							
Addres	ss	CEBU CITY								
Responsibility Center			Particulars	MFO/P	AP	UACS Code/ Expenditure		Amount		
33366655544 RRHFS A. Certified:		PHIC REMITT PERSONNEL FEBRUARY 2 PO No.		310100100001000		5010101001 5010102000		60,000.00 50,000.00		
	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 neces indicated above					
Signature :	oapo. No.o.,	and copposing door	anone tala, proper and regal	Signature :						
Printed Name :		RAMIL R.	ABREA, CPA, MBA	Printed Name		LEONORA A. ANIEL				
Position :	OI	C- Chief - Manaç	gement Support Division NIR	Position		BUDGET OFFICER III				
_		Head Requesting O	office / Authorized Representative	_	Head, Budget Unit / Authorized Representative					
Date :				Date						
C.		Referen		TUS OF OBLIGA	TION	Amo	ount			
		Referen				7 (11)	Juni			
Date	Pi	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable		
11/14/2018	C	bligation	5389-2018-11-14-4	110,000.00	20	.100,000.00				

THE NT OF THE PLANT OF THE PLAN		Republic of Philippines Department Of Health Regional Office 7					5391-2018-11-21-5			
								11/21/2018		
AL OF	u City									
Paye	9	LANDBANK C	OF THE PHILIPPINES							
Office		Department o								
Addres	ss	CEBU CITY								
Responsibility Center			Particulars	MFO/P	AP	UACS Code/ Expenditure		Amount		
88555555222525 HP A. Certified:		PHIC REMITT PERSONNEL FEBRUARY 20 PO No. DV No. S03- 0267/0269-33	PR No.	20000000001000				0.00		
	Charges to a	appropriation/ allotme	ent necessary, lawful and under my direct uments valid, proper and legal		Allotment av	ailable and oblig	ated for the purp	ose/adjustment necessary as		
	supervision;	and supporting doct	umenis valid, proper and legal		indicated above					
Signature :				Signature :						
Printed Name :				Printed Name		LEONORA A. ANIEL				
Position :				Position	BUDGET OFFICER III			ER III		
		Head Requesting O	ffice / Authorized Representative			Head, Budget Unit / Authorized Representative				
Date :				Date			11/13/2018			
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		
11/21/2018	0	bligation	5391-2018-11-21-5							
			Totala							