




OBLIGATION REQUEST AND STATUS

 <p>Republic of Philippines Department of Health Central Visayas Center for Health Development Central Visayas, Osmeña Blvd. Cebu City</p>			No : 02 - 102101 - 2019-01 - 118			
			Date : 01/18/2019			
			Fund : 02- 102101			
Payee	CHENNY ATON					
Office	Department of Health					
Address	BIEN UNIDO, BOHOL					
Responsibility Center	Particulars	MFO/PAP	UACS Code/ Expenditure	Amount		
2018 HRH - DEP CONAP	TO OBLIGATE REIMBURSEMENT OF TRAVELLING EXPENSES INCURRED WHILE ON OFFICIAL TRAVEL TO CEBU CITY LAST DEC. 10-1, 2018, IN THE AMOUNT OF	310202100001000	5020101000	885.00		
	PO No. PR No.					
	DV No. T12-8592	Total		885.00		
A.	Certified:		B.	Certified:		
	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 :	JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS		Printed Name	LEONORA A. ANIEL		
Position :	Chief - Local Health Support Division		Position	BUDGET OFFICER III		
	Head Requesting Office / Authorized Representative			Head, Budget Unit / Authorized Representative		
Date :			Date	02/20/2019		
C.	STATUS OF OBLIGATION					
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
01/18/2019	Obligation	02 - 102101 - 2019-01 - 118	885.00			
	Totals		885.00			


OBLIGATION REQUEST AND STATUS

 <p>Republic of Philippines Department of Health Central Visayas Center for Health Development Central Visayas, Osmeña Blvd. Cebu City</p>			No : 02 - 102101 - 2019-01 - 119			
			Date : 01/18/2019			
			Fund : 02- 102101			
Payee	KAREN PACATANG					
Office	Department of Health					
Address	SEVILLA, BOHOL					
Responsibility Center	Particulars	MFO/PAP	UACS Code/ Expenditure	Amount		
SAA# 2018-04-0699 CONAP	TO OBLIGATE REIMBURSEMENT OF TRAVELLING EXPENSES INCURRED WHILE ON OFFICIAL TRAVEL TO CEBU CITY LAST DEC. 20-21, 2018, IN THE AMOUNT OF	310201100004000	5020101000	1,520.00		
	PO No. PR No.					
	DV No. T12-8593	Total		1,520.00		
A.	Certified:		B.	Certified:		
	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 :			Printed Name	LEONORA A. ANIEL		
Position :			Position	BUDGET OFFICER III		
	Head Requesting Office / Authorized Representative			Head, Budget Unit / Authorized Representative		
Date :			Date	02/20/2019		
C.	STATUS OF OBLIGATION					
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
01/18/2019	Obligation	02 - 102101 - 2019-01 - 119	1,520.00			
	Totals		1,520.00			


OBLIGATION REQUEST AND STATUS

 <p>Republic of Philippines Department of Health Central Visayas Center for Health Development Central Visayas, Osmeña Blvd. Cebu City</p>			No : 02 - 102101 - 2019-01 - 120			
			Date : 01/18/2019			
			Fund : 02- 102101			
Payee	DAVILYN AGUR					
Office	Department of Health					
Address	CEBU CITY					
Responsibility Center	Particulars	MFO/PAP	UACS Code/ Expenditure	Amount		
2018 PHM CONAP	TO OBLIGATE REIMBURSEMENT OF TRAVELLING EXPENSES INCURRED WHILE ON OFFICIAL TRAVEL TO TAGBILARAN CITY LAST DEC. 10-11, 2018, IN THE AMOUNT OF	310301100001000	5020101000	1,080.00		
	PO No. PR No. DV No. T12-8586 Total			1,080.00		
A.	Certified:		B.	Certified:		
	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 :	JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS		Printed Name	LEONORA A. ANIEL		
Position :	Chief - Local Health Support Division		Position	BUDGET OFFICER III		
	Head Requesting Office / Authorized Representative			Head, Budget Unit / Authorized Representative		
Date :			Date	02/20/2019		
C.	STATUS OF OBLIGATION					
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
01/18/2019	Obligation	02 - 102101 - 2019-01 - 120	1,080.00			
	Totals		1,080.00			


OBLIGATION REQUEST AND STATUS

 <p>Republic of Philippines Department of Health Central Visayas Center for Health Development Central Visayas, Osmeña Blvd. Cebu City</p>			No : 02 - 102101 - 2019-01 - 121			
			Date : 01/18/2019			
			Fund : 02- 102101			
Payee MYRA LEONORA SALVALEON						
Office Department of Health						
Address BOHOL						
Responsibility Center	Particulars	MFO/PAP	UACS Code/ Expenditure	Amount		
2018 PHM CONAP	TO OBLIGATE REIMBURSEMENT OF TRAVELLING EXPENSES INCURRED WHILE ON OFFICIAL TRAVEL TO CEBU CITY LAST DEC. 4-6, 2018, IN THE AMOUNT OF PO No. PR No. DV No. T12-8588 Total	310301100001000	5020101000	2,085.00		
				2,085.00		
A.	Certified:		B.	Certified:		
	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 :	JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS		Printed Name	LEONORA A. ANIEL		
Position :	Chief - Local Health Support Division		Position	BUDGET OFFICER III		
	Head Requesting Office / Authorized Representative			Head, Budget Unit / Authorized Representative		
Date :			Date	02/20/2019		
C.	STATUS OF OBLIGATION					
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
01/18/2019	Obligation	02 - 102101 - 2019-01 - 121	2,085.00			
	Totals		2,085.00			


OBLIGATION REQUEST AND STATUS

 <p>Republic of Philippines Department of Health Central Visayas Center for Health Development Central Visayas, Osmeña Blvd. Cebu City</p>			No : 02 - 102101 - 2019-01 - 122			
			Date : 01/18/2019			
			Fund : 02- 102101			
Payee	KAY CARINA ANG					
Office	Department of Health					
Address	CEBU CITY					
Responsibility Center	Particulars	MFO/PAP	UACS Code/ Expenditure	Amount		
SAA# 2018-03-0537 CONAP	TO OBLIGATE REIMBURSEMENT OF TRAVELLING EXPENSES INCURRED WHILE ON OFFICIAL TRAVEL TO CEBU PROVINCE FOR THE MONTH OF OCTOBER 2018, IN THE AMOUNT OF	320101100001000	5020101000	1,042.00		
	PO No. PR No.					
	DV No. T12-8609					
	Total			1,042.00		
A.	Certified:		B.	Certified:		
	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 :	JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS		Printed Name	LEONORA A. ANIEL		
Position :	Chief - Local Health Support Division		Position	BUDGET OFFICER III		
	Head Requesting Office / Authorized Representative			Head, Budget Unit / Authorized Representative		
Date :			Date	02/20/2019		
C.	STATUS OF OBLIGATION					
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
01/18/2019	Obligation	02 - 102101 - 2019-01 - 122	1,042.00			
	Totals		1,042.00			


OBLIGATION REQUEST AND STATUS

 <p>Republic of Philippines Department of Health Central Visayas Center for Health Development Central Visayas, Osmeña Blvd. Cebu City</p>			No : 02 - 102101 - 2019-01 - 123			
			Date : 01/18/2019			
			Fund : 02- 102101			
Payee		STEVEN RITZ GONZALVE				
Office		Department of Health				
Address		CEBU CITY				
Responsibility Center	Particulars	MFO/PAP	UACS Code/ Expenditure	Amount		
SAA# 2018-03-0537 CONAP	TO OBLIGATE REIMBURSEMENT OF TRAVELLING EXPENSES INCURRED WHILE ON OFFICIAL TRAVEL TO CEBU PROVINCE FOR THE MONTH OF DECEMBER 2018, IN THE AMOUNT OF	320101100001000	5020101000	4,460.00		
	PO No. PR No.					
	DV No. T12-8611					
	Total			4,460.00		
A. Certified:		B. Certified:				
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 :		Printed Name				
Position :		Position				
JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS		LEONORA A. ANIEL				
Chief - Local Health Support Division		BUDGET OFFICER III				
Head Requesting Office / Authorized Representative		Head, Budget Unit / Authorized Representative				
Date :		Date				
		02/20/2019				
C. STATUS OF OBLIGATION						
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
01/18/2019	Obligation	02 - 102101 - 2019-01 - 123	4,460.00			
	Totals		4,460.00			


OBLIGATION REQUEST AND STATUS

 <p>Republic of Philippines Department of Health Central Visayas Center for Health Development Central Visayas, Osmeña Blvd. Cebu City</p>			No : 02 - 102101 - 2019-01 - 124			
			Date : 01/18/2019			
			Fund : 02- 102101			
Payee	MIGUELA CAHAYAG					
Office	Department of Health					
Address	LILA, BOHOL					
Responsibility Center	Particulars	MFO/PAP	UACS Code/ Expenditure	Amount		
2018 HRH - DEP CONAP	TO OBLIGATE REIMBURSEMENT OF TRAVELLING EXPENSES INCURRED WHILE ON OFFICIAL TRAVEL TO CEBU CITY LAST DEC. 10-11, 2018, IN THE AMOUNT OF	310202100001000	5020101000	1,000.00		
	PO No. PR No. DV No. T12-8608					
	Total			1,000.00		
A.	Certified:		B.	Certified:		
	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 :	JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS		Printed Name	LEONORA A. ANIEL		
Position :	Chief - Local Health Support Division		Position	BUDGET OFFICER III		
	Head Requesting Office / Authorized Representative			Head, Budget Unit / Authorized Representative		
Date :			Date	02/20/2019		
C.	STATUS OF OBLIGATION					
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
01/18/2019	Obligation	02 - 102101 - 2019-01 - 124	1,000.00			
	Totals		1,000.00			


OBLIGATION REQUEST AND STATUS

 <p>Republic of Philippines Department of Health Central Visayas Center for Health Development Central Visayas, Osmeña Blvd. Cebu City</p>			No : 02 - 102101 - 2019-01 - 125			
			Date : 01/18/2019			
			Fund : 02- 102101			
Payee GIEFRED REGNER, ET AL						
Office Department of Health						
Address BOHOL						
Responsibility Center	Particulars	MFO/PAP	UACS Code/ Expenditure	Amount		
2018 PHM CONAP	TO OBLIGATE REIMBURSEMENT OF TRAVELLING EXPENSES INCURRED WHILE ON OFFICIAL TRAVEL TO CEBU CITY LAST DEC. 14, 2018, IN THE AMOUNT OF PO No. PR No. DV No. T12-8606 Total	310301100001000				
A. Certified:		B. Certified:				
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 : JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS		Printed Name : LEONORA A. ANIEL				
Position : Chief - Local Health Support Division		Position : BUDGET OFFICER III				
Head Requesting Office / Authorized Representative		Head, Budget Unit / Authorized Representative				
Date :		Date		02/20/2019		
C. STATUS OF OBLIGATION						
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
01/18/2019	Obligation	02 - 102101 - 2019-01 - 125				
Totals						


OBLIGATION REQUEST AND STATUS

 <p>Republic of Philippines Department of Health Central Visayas Center for Health Development Central Visayas, Osmeña Blvd. Cebu City</p>			No : 02 - 102101 - 2019-01 - 126			
			Date : 01/18/2019			
			Fund : 02- 102101			
Payee		LETECIA YECYEC, ET AL				
Office		Department of Health				
Address		BOHOL				
Responsibility Center	Particulars	MFO/PAP	UACS Code/ Expenditure	Amount		
2018 PHM CONAP	TO OBLIGATE REIMBURSEMENT OF TRAVELLING EXPENSES INCURRED WHILE ON OFFICIAL TRAVEL FOR THE MONTH OF NOVEMBER AND DECEMBER 2018, IN THE AMOUNT OF PO No. PR No. DV No. T12-8607 Total	310301100001000				
A. Certified:		B. Certified:				
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 : JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS		Printed Name : LEONORA A. ANIEL				
Position : Chief - Local Health Support Division		Position : BUDGET OFFICER III				
Head Requesting Office / Authorized Representative		Head, Budget Unit / Authorized Representative				
Date :		Date		02/20/2019		
C. STATUS OF OBLIGATION						
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
01/18/2019	Obligation	02 - 102101 - 2019-01 - 126				
	Totals					


OBLIGATION REQUEST AND STATUS

			<p align="center">Republic of Philippines</p> <p align="center">Department of Health</p> <p align="center">Central Visayas Center for Health Development</p> <p align="center">Central Visayas, Osmeña Blvd. Cebu City</p>			<p>No : 02 - 102101 - 2019-01 - 127</p> <p>Date : 01/18/2019</p> <p>Fund : 02- 102101</p>			
Payee		TONEE ROSE PIL							
Office		Department of Health							
Address		ARGAO, CEBU							
Responsibility Center		Particulars		MFO/PAP		UACS Code/ Expenditure		Amount	
2018 HRH - DEP CONAP		TO OBLIGATE REIMBURSEMENT OF TRAVELLING EXPENSES INCURRED WHILE ON OFFICIAL TRAVEL TO CEBU CITY LAST NOV. 24, 2018, IN THE AMOUNT OF		310202100001000					
		PO No. PR No.							
		DV No. T12-8466		Total					
A.		Certified:			B.		Certified:		
		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 :		JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS			Printed Name		LEONORA A. ANIEL		
Position :		Chief - Local Health Support Division			Position		BUDGET OFFICER III		
		Head Requesting Office / Authorized Representative					Head, Budget Unit / Authorized Representative		
Date :					Date		02/20/2019		
C.		STATUS OF OBLIGATION							
Reference				Amount					
Date	Particulars	ORS/JEV/RCI/RADAI No.		Obligation	Payment	Not Yet Due	Due and Demandable		
01/18/2019	Obligation	02 - 102101 - 2019-01 - 127							
	Totals								


OBLIGATION REQUEST AND STATUS

 <p>Republic of Philippines Department of Health Central Visayas Center for Health Development Central Visayas, Osmeña Blvd. Cebu City</p>			No : 02 - 102101 - 2019-01 - 128			
			Date : 01/22/2019			
			Fund : 02- 102101			
Payee	MARIA CHONA M. SINGCO					
Office	Department of Health					
Address	CEBU CITY					
Responsibility Center	Particulars	MFO/PAP	UACS Code/ Expenditure	Amount		
2018 HRH - DEP CONAP	TO OBLIGATE TRAVEL EXPENSES WHILE ATTENDING A SHORT FILM LAUNCHING AT MANDALUYONG MANILA ON 13 DEC 18	310202100001000	5020101000	1,450.00		
	PO No. PR No. DV No. T12-8612 Total			1,450.00		
A.	Certified:		B.	Certified:		
	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 :	JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS		Printed Name	LEONORA A. ANIEL		
Position :	Chief - Local Health Support Division		Position	BUDGET OFFICER III		
	Head Requesting Office / Authorized Representative			Head, Budget Unit / Authorized Representative		
Date :			Date	02/20/2019		
C.	STATUS OF OBLIGATION					
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
01/22/2019	Obligation	02 - 102101 - 2019-01 - 128	1,450.00		1,450.00	
	Totals		1,450.00			


OBLIGATION REQUEST AND STATUS

 <div style="text-align: center;"> Republic of Philippines Department of Health Central Visayas Center for Health Development Central Visayas, Osmeña Blvd. Cebu City </div>			No : 02 - 102101 - 2019-01 - 129 Date : 01/22/2019 Fund : 02- 102101			
Payee	HENRY NICHOLSON C. LABAJO					
Office	Department of Health					
Address	BOHOL					
Responsibility Center	Particulars	MFO/PAP	UACS Code/ Expenditure	Amount		
2018 HRH - DEP CONAP	TO OBLIGATE TRAVEL EXPENSE INCURRED LAST NOVEMBER 5-7 2018 AT SARROSA HOTEL CEBU CITY	310202100001000	5020101000	1,660.00		
	PO No. _____ PR No. _____ DV No. T12-8605 Total			1,660.00		
A.	Certified:	B.	Certified:			
	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 :	JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS	Printed Name	LEONORA A. ANIEL			
Position :	Chief - Local Health Support Division	Position	BUDGET OFFICER III			
	Head Requesting Office / Authorized Representative		Head, Budget Unit / Authorized Representative			
Date :		Date	02/20/2019			
C.	STATUS OF OBLIGATION					
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
01/22/2019	Obligation	02 - 102101 - 2019-01 - 129	1,660.00			
		Totals	1,660.00			

OBLIGATION REQUEST AND STATUS

 <p>Republic of Philippines Department of Health Central Visayas Center for Health Development Central Visayas, Osmeña Blvd. Cebu City</p>			No : 02 - 102101 - 2019-01 - 130			
			Date : 01/22/2019			
			Fund : 02- 102101			
Payee	ROWENA C. QUILAB					
Office	Department of Health					
Address	CEBU CITY					
Responsibility Center	Particulars	MFO/PAP	UACS Code/ Expenditure	Amount		
SAA# 2018-03-0309 CONAP	TO OBLIGATE THE TRAVEL EXPENSE TO CEBU CITY TO ATTEND THE SYSTEM THINKING WORKSHOP AT SARROSA INTERNATIONAL HOTEL DECEMBER 4-25,2018	310201100003000	5020101000	1,795.00		
	PO No. PR No. DV No. T12-8585					
	Total			1,795.00		
A.	Certified:		B.	Certified:		
	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 :	JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS		Printed Name	LEONORA A. ANIEL		
Position :	Chief - Local Health Support Division		Position	BUDGET OFFICER III		
	Head Requesting Office / Authorized Representative			Head, Budget Unit / Authorized Representative		
Date :			Date	02/20/2019		
C.	STATUS OF OBLIGATION					
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
01/22/2019	Obligation	02 - 102101 - 2019-01 - 130	1,795.00			
	Totals		1,795.00			

OBLIGATION REQUEST AND STATUS

 <p>Republic of Philippines Department of Health Central Visayas Center for Health Development Central Visayas, Osmeña Blvd. Cebu City</p>			No : 02 - 102101 - 2019-01 - 131			
			Date : 01/23/2019			
			Fund : 02- 102101			
Payee	NELSON NAVARRO					
Office	Department of Health					
Address	MINGLANILLA, CEBU					
Responsibility Center	Particulars	MFO/PAP	UACS Code/ Expenditure	Amount		
SAA# 2018-02-0090 CONAP	TO OBLIGATE REIMBURSEMENT OF MEDICAL EXPENSES INCURRED OF PATIENT ZANDER EARL NAVARRO (POST DENG VAXIA CASE), IN THE AMOUNT OF	340100100001000	5021499000	35,181.06		
	PO No. PR No.					
	DV No. T12-8616	Total		35,181.06		
A.	Certified:		B.	Certified:		
	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 :	ELLENIETTA HMV N. GAMOLO, MD, MPH, CESE		Printed Name	LEONORA A. ANIEL		
Position :	Assistant Regional Director		Position	BUDGET OFFICER III		
	Head Requesting Office / Authorized Representative			Head, Budget Unit / Authorized Representative		
Date :			Date	02/20/2019		
C.	STATUS OF OBLIGATION					
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
01/23/2019	Obligation	02 - 102101 - 2019-01 - 131	35,181.06			
	Totals		35,181.06			