




# 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> 02 - 102101 - 2019-01 - 119 |   |                    |                           |
|  |   |                                    | <b>Date :</b> 01/18/2019                |   |                    |                           |
|  |   |                                    | <b>Fund :</b> 02- 102101                |   |                    |                           |
|  |   |                                    |   |   |                    |                           |
| <b>Payee</b>   | <b>KAREN PACATANG</b>   |                                    |   |   |                    |                           |
| <b>Office</b>  | <b>Department of Health</b>   |                                    |   |   |                    |                           |
| <b>Address</b>   | <b>SEVILLA, BOHOL</b>   |                                    |   |   |                    |                           |
| <b>Responsibility Center</b>   | <b>Particulars</b>  | <b>MFO/PAP</b>                     | <b>UACS Code/<br/>Expenditure</b>       | <b>Amount</b>   |                    |                           |
| SAA# 2018-04-0699<br>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  |                    |                           |
| <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 :   |   |                                    | Printed Name                            | <b>LEONORA A. ANIEL</b>   |                    |                           |
| Position :   |   |                                    | Position                                | <b>BUDGET OFFICER III</b>   |                    |                           |
|  |   |                                    |   |   |                    |                           |
|  | Head Requesting Office / Authorized Representative  |                                    |   | Head, Budget Unit / Authorized Representative   |                    |                           |
| Date :   |   |                                    | Date                                    | <b>02/13/2019</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>01/18/2019</b>  | <b>Obligation</b>   | <b>02 - 102101 - 2019-01 - 119</b> | <b>1,520.00</b>                         |   |                    |                           |
|  |   |                                    |   |   |                    |                           |
|  | <b>Totals</b>   |                                    | 1,520.00                                |   |                    |                           |


# 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> 02 - 102101 - 2019-01 - 120 |   |                    |                           |
|  |   |                                    | <b>Date :</b> 01/18/2019                |   |                    |                           |
|  |   |                                    | <b>Fund :</b> 02- 102101                |   |                    |                           |
|  |   |                                    |   |   |                    |                           |
| <b>Payee</b>   | DAVILYN AGUR  |                                    |   |   |                    |                           |
| <b>Office</b>  | Department of Health  |                                    |   |   |                    |                           |
| <b>Address</b>   | CEBU CITY   |                                    |   |   |                    |                           |
| <b>Responsibility Center</b>   | <b>Particulars</b>  | <b>MFO/PAP</b>                     | <b>UACS Code/<br/>Expenditure</b>       | <b>Amount</b>   |                    |                           |
| 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.<br>DV No. T12-8586 Total  |                                    |   | 1,080.00  |                    |                           |
| <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>JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS</b>  |                                    | Printed Name                            | <b>LEONORA A. ANIEL</b>   |                    |                           |
| Position :   | <b>Chief - Local Health Support Division</b>  |                                    | Position                                | <b>BUDGET OFFICER III</b>   |                    |                           |
|  |   |                                    |   |   |                    |                           |
|  | Head Requesting Office / Authorized Representative  |                                    |   | Head, Budget Unit / Authorized Representative   |                    |                           |
| Date :   |   |                                    | Date                                    | <b>02/13/2019</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>01/18/2019</b>  | <b>Obligation</b>   | <b>02 - 102101 - 2019-01 - 120</b> | <b>1,080.00</b>                         |   |                    |                           |
|  |   |                                    |   |   |                    |                           |
|  | <b>Totals</b>   |                                    | <b>1,080.00</b>                         |   |                    |                           |


# 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> 02 - 102101 - 2019-01 - 121 |   |                    |                           |
|  |   |                                    | <b>Date :</b> 01/18/2019                |   |                    |                           |
|  |   |                                    | <b>Fund :</b> 02- 102101                |   |                    |                           |
|  |   |                                    |   |   |                    |                           |
| <b>Payee</b>   | <b>MYRA LEONORA SALVALEON</b>   |                                    |   |   |                    |                           |
| <b>Office</b>  | <b>Department of Health</b>   |                                    |   |   |                    |                           |
| <b>Address</b>   | <b>BOHOL</b>  |                                    |   |   |                    |                           |
| <b>Responsibility Center</b>   | <b>Particulars</b>  | <b>MFO/PAP</b>                     | <b>UACS Code/<br/>Expenditure</b>       | <b>Amount</b>   |                    |                           |
| 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   | 310301100001000                    | 5020101000                              | 2,085.00  |                    |                           |
|  | PO No. PR No.<br>DV No. T12-8588  |                                    |   |   |                    |                           |
|  | <b>Total</b>  |                                    |   | 2,085.00  |                    |                           |
| <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>JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS</b>  |                                    | Printed Name                            | <b>LEONORA A. ANIEL</b>   |                    |                           |
| Position :   | <b>Chief - Local Health Support Division</b>  |                                    | Position                                | <b>BUDGET OFFICER III</b>   |                    |                           |
|  |   |                                    |   |   |                    |                           |
|  | Head Requesting Office / Authorized Representative  |                                    |   | Head, Budget Unit / Authorized Representative   |                    |                           |
| Date :   |   |                                    | Date                                    | <b>02/13/2019</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>01/18/2019</b>  | <b>Obligation</b>   | <b>02 - 102101 - 2019-01 - 121</b> | <b>2,085.00</b>                         |   |                    |                           |
|  |   |                                    |   |   |                    |                           |
|  | <b>Totals</b>   |                                    | 2,085.00                                |   |                    |                           |


# 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> 02 - 102101 - 2019-01 - 122 |   |                    |                           |
|  |   |                                    | <b>Date :</b> 01/18/2019                |   |                    |                           |
|  |   |                                    | <b>Fund :</b> 02- 102101                |   |                    |                           |
|  |   |                                    |   |   |                    |                           |
| <b>Payee</b>   | <b>KAY CARINA ANG</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>   |                    |                           |
| SAA# 2018-03-0537<br>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  |                    |                           |
| <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>JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS</b>  |                                    | Printed Name                            | <b>LEONORA A. ANIEL</b>   |                    |                           |
| Position :   | <b>Chief - Local Health Support Division</b>  |                                    | Position                                | <b>BUDGET OFFICER III</b>   |                    |                           |
|  |   |                                    |   |   |                    |                           |
|  | Head Requesting Office / Authorized Representative  |                                    |   | Head, Budget Unit / Authorized Representative   |                    |                           |
| Date :   |   |                                    | Date                                    | <b>02/13/2019</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>01/18/2019</b>  | <b>Obligation</b>   | <b>02 - 102101 - 2019-01 - 122</b> | <b>1,042.00</b>                         |   |                    |                           |
|  |   |                                    |   |   |                    |                           |
|  | <b>Totals</b>   |                                    | 1,042.00                                |   |                    |                           |


# 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> 02 - 102101 - 2019-01 - 123 |   |                    |                           |
|  |  |                                    | <b>Date :</b> 01/18/2019                |   |                    |                           |
|  |  |                                    | <b>Fund :</b> 02- 102101                |   |                    |                           |
|  |  |                                    |   |   |                    |                           |
| <b>Payee</b>   | <b>STEVEN RITZ GONZALVE</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>   |                    |                           |
| SAA# 2018-03-0537<br>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  |                    |                           |
| <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>JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS</b>   |                                    | Printed Name                            | <b>LEONORA A. ANIEL</b>   |                    |                           |
| Position :   | <b>Chief - Local Health Support Division</b>   |                                    | Position                                | <b>BUDGET OFFICER III</b>   |                    |                           |
|  |  |                                    |   |   |                    |                           |
|  | Head Requesting Office / Authorized Representative   |                                    |   | Head, Budget Unit / Authorized Representative   |                    |                           |
| Date :   |  |                                    | Date                                    | <b>02/13/2019</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>01/18/2019</b>  | <b>Obligation</b>  | <b>02 - 102101 - 2019-01 - 123</b> | <b>4,460.00</b>                         |   |                    |                           |
|  |  |                                    |   |   |                    |                           |
|  | <b>Totals</b>  |                                    | <b>4,460.00</b>                         |   |                    |                           |


# 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> 02 - 102101 - 2019-01 - 124 |   |                    |                           |
|  |  |                                    | <b>Date :</b> 01/18/2019                |   |                    |                           |
|  |  |                                    | <b>Fund :</b> 02- 102101                |   |                    |                           |
|  |  |                                    |   |   |                    |                           |
| <b>Payee</b>   | <b>MIGUELA CAHAYAG</b>   |                                    |   |   |                    |                           |
| <b>Office</b>  | <b>Department of Health</b>  |                                    |   |   |                    |                           |
| <b>Address</b>   | <b>LILA, BOHOL</b>   |                                    |   |   |                    |                           |
| <b>Responsibility Center</b>   | <b>Particulars</b>   | <b>MFO/PAP</b>                     | <b>UACS Code/<br/>Expenditure</b>       | <b>Amount</b>   |                    |                           |
| 2018 HRH - DEP<br>CONAP  | TO OBLIGATE REIMBURSEMENT OF<br>TRAVELLING EXPENSES INCURRED WHILE<br>ON OFFICIAL TRAVEL TO CEBU CITY LAST<br>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  |                    |                           |
| <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>JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS</b>   |                                    | Printed Name                            | <b>LEONORA A. ANIEL</b>   |                    |                           |
| Position :   | <b>Chief - Local Health Support Division</b>   |                                    | Position                                | <b>BUDGET OFFICER III</b>   |                    |                           |
|  |  |                                    |   |   |                    |                           |
|  | Head Requesting Office / Authorized Representative   |                                    |   | Head, Budget Unit / Authorized Representative   |                    |                           |
| Date :   |  |                                    | Date                                    | <b>02/13/2019</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>01/18/2019</b>  | <b>Obligation</b>  | <b>02 - 102101 - 2019-01 - 124</b> | <b>1,000.00</b>                         |   |                    |                           |
|  |  |                                    |   |   |                    |                           |
|  | <b>Totals</b>  |                                    | 1,000.00                                |   |                    |                           |

# 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> 02 - 102101 - 2019-01 - 125 |         |             |                    |
|  |  |  | <b>Date :</b> 01/18/2019                |         |             |                    |
|  |  |  | <b>Fund :</b> 02- 102101                |         |             |                    |
| <b>Payee</b> GIEFRED REGNER, ET AL   |  |  |   |         |             |                    |
| <b>Office</b> Department of Health   |  |  |   |         |             |                    |
| <b>Address</b> BOHOL   |  |  |   |         |             |                    |
| Responsibility Center  | Particulars  | MFO/PAP  | UACS Code/<br>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<br><br><br><br><br><br><br><br>PO No. PR No.<br>DV No. T12-8606 Total | 310301100001000  |   |         |             |                    |
| <b>A. Certified:</b><br>Charges to appropriation/ allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal<br><br><br>Signature :<br>Printed Name : <b>JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS</b><br>Position : <b>Chief - Local Health Support Division</b> |  | <b>B. Certified:</b><br>Allotment available and obligated for the purpose/adjustment necessary as indicated above<br><br><br>Signature :<br>Printed Name : <b>LEONORA A. ANIEL</b><br>Position : <b>BUDGET OFFICER III</b> |   |         |             |                    |
| Head Requesting Office / Authorized Representative   |  | Head, Budget Unit / Authorized Representative  |   |         |             |                    |
| Date :   |  | Date <b>02/13/2019</b>   |   |         |             |                    |
| <b>C. STATUS OF OBLIGATION</b>   |  |  |   |         |             |                    |
| 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><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> 02 - 102101 - 2019-01 - 126 |                |                    |                           |
|  |  |   | <b>Date :</b> 01/18/2019                |                |                    |                           |
|  |  |   | <b>Fund :</b> 02- 102101                |                |                    |                           |
|  |  |   |   |                |                    |                           |
| <b>Payee</b>   | LETECIA YECYEC, ET AL  |   |   |                |                    |                           |
| <b>Office</b>  | Department of Health   |   |   |                |                    |                           |
| <b>Address</b>   | BOHOL  |   |   |                |                    |                           |
| <b>Responsibility Center</b>   | <b>Particulars</b>   | <b>MFO/PAP</b>  | <b>UACS Code/<br/>Expenditure</b>       | <b>Amount</b>  |                    |                           |
| 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<br><br><br><br><br><br><br><br>PO No. PR No.<br>DV No. T12-8607 Total | 310301100001000   |   |                |                    |                           |
| <b>A. Certified:</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>JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS</b>  |  | Printed Name : <b>LEONORA A. ANIEL</b>  |   |                |                    |                           |
| Position : <b>Chief - Local Health Support Division</b>  |  | Position : <b>BUDGET OFFICER III</b>  |   |                |                    |                           |
|  |  |   |   |                |                    |                           |
| Head Requesting Office / Authorized Representative   |  | Head, Budget Unit / Authorized Representative   |   |                |                    |                           |
| Date :   |  | Date : <b>02/13/2019</b>  |   |                |                    |                           |
| <b>C. 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>01/18/2019</b>  | <b>Obligation</b>  | <b>02 - 102101 - 2019-01 - 126</b>  |   |                |                    |                           |
|  |  |   |   |                |                    |                           |
|  | <b>Totals</b>  |   |   |                |                    |                           |




## 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> <b>02 - 102101 - 2019-01 - 127</b>  |  |
|  |                    |   |                   |                 |                    | <b>Date :</b> <b>01/18/2019</b>   |  |
|  |                    |   |                   |                 |                    | <b>Fund :</b> <b>02- 102101</b>   |  |
|  |                    |   |                   |                 |                    |   |  |
| <b>Payee</b>   |                    | <b>TONEE ROSE PIL</b>   |                   |                 |                    |   |  |
| <b>Office</b>  |                    | <b>Department of Health</b>   |                   |                 |                    |   |  |
| <b>Address</b>   |                    | <b>ARGAO, CEBU</b>  |                   |                 |                    |   |  |
| <b>Responsibility Center</b>   |                    | <b>Particulars</b>  |                   | <b>MFO/PAP</b>  |                    | <b>UACS Code/<br/>Expenditure</b>   |  |
| 2018 HRH - DEP<br>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           |                    |   |  |
| <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>JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS</b>  |                   | Printed Name    |                    | <b>LEONORA A. ANIEL</b>   |  |
| Position :   |                    | <b>Chief - Local Health Support Division</b>  |                   | Position        |                    | <b>BUDGET OFFICER III</b>   |  |
|  |                    |   |                   |                 |                    |   |  |
|  |                    | Head Requesting Office / Authorized Representative  |                   |                 |                    | Head, Budget Unit / Authorized Representative   |  |
| Date :   |                    |   |                   | Date            |                    | <b>02/13/2019</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>01/18/2019</b>  | <b>Obligation</b>  | <b>02 - 102101 - 2019-01 - 127</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> 02 - 102101 - 2019-01 - 128 |   |             |                    |
|  |   |                              | <b>Date :</b> 01/22/2019                |   |             |                    |
|  |   |                              | <b>Fund :</b> 02- 102101                |   |             |                    |
|  |   |                              |   |   |             |                    |
| <b>Payee</b>   |   | <b>MARIA CHONA M. SINGCO</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>   |             |                    |
| 2018 HRH - DEP<br>CONAP  | TO OBLIGATE TRAVEL EXPENSES WHILE<br>ATTENDING A SHORT FILM LAUNCHING AT<br>MANDALUYONG MANILA ON 13 DEC 18                             | 310202100001000              | 5020101000                              | 1,450.00  |             |                    |
|  | PO No. _____ PR No. _____<br>DV No. T12-8612 <span style="float: right;">Total</span>   |                              |   | 1,450.00  |             |                    |
| <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>JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS</b>  |                              | Printed Name                            | <b>LEONORA A. ANIEL</b>   |             |                    |
| Position :   | <b>Chief - Local Health Support Division</b>  |                              | Position                                | <b>BUDGET OFFICER III</b>   |             |                    |
|  |   |                              |   |   |             |                    |
|  | Head Requesting Office / Authorized Representative  |                              |   | Head, Budget Unit / Authorized Representative   |             |                    |
| Date :   |   |                              | Date                                    | <b>02/13/2019</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 |
| 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;"> <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 - 102101 - 2019-01 - 129<br><b>Date :</b> 01/22/2019<br><b>Fund :</b> 02- 102101 |                |                    |                           |
| <b>Payee</b>   | <b>HENRY NICHOLSON C. LABAJO</b>  |                                    |   |                |                    |                           |
| <b>Office</b>  | <b>Department of Health</b>   |                                    |   |                |                    |                           |
| <b>Address</b>   | <b>BOHOL</b>  |                                    |   |                |                    |                           |
| <b>Responsibility Center</b>   | <b>Particulars</b>  | <b>MFO/PAP</b>                     | <b>UACS Code/<br/>Expenditure</b>   | <b>Amount</b>  |                    |                           |
| 2018 HRH - DEP<br>CONAP  | TO OBLIGATE TRAVEL EXPENSE<br>INCURRED LAST NOVEMBER 5-7 2018 AT<br>SARROSA HOTEL CEBU CITY   | 310202100001000                    | 5020101000  | 1,660.00       |                    |                           |
|  | PO No. _____ PR No. _____<br>DV No. T12-8605 <span style="float: right;">Total</span>   |                                    |   | 1,660.00       |                    |                           |
| <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>JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS</b>  | Printed Name                       | <b>LEONORA A. ANIEL</b>   |                |                    |                           |
| Position :   | <b>Chief - Local Health Support Division</b>  | Position                           | <b>BUDGET OFFICER III</b>   |                |                    |                           |
|  |   |                                    |   |                |                    |                           |
|  | Head Requesting Office / Authorized Representative  |                                    | Head, Budget Unit / Authorized Representative   |                |                    |                           |
| Date :   |   | Date                               | <b>02/13/2019</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>01/22/2019</b>  | <b>Obligation</b>   | <b>02 - 102101 - 2019-01 - 129</b> | <b>1,660.00</b>   |                |                    |                           |
|  |   | <b>Totals</b>                      | <b>1,660.00</b>   |                |                    |                           |

# 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> 02 - 102101 - 2019-01 - 130 |   |             |                    |
|  |   |                                    | <b>Date :</b> 01/22/2019                |   |             |                    |
|  |   |                                    | <b>Fund :</b> 02- 102101                |   |             |                    |
|  |   |                                    |   |   |             |                    |
| <b>Payee</b>   | ROWENA C. QUILAB  |                                    |   |   |             |                    |
| <b>Office</b>  | Department of Health  |                                    |   |   |             |                    |
| <b>Address</b>   | CEBU CITY   |                                    |   |   |             |                    |
| <b>Responsibility Center</b>   | <b>Particulars</b>  | <b>MFO/PAP</b>                     | <b>UACS Code/<br/>Expenditure</b>       | <b>Amount</b>   |             |                    |
| SAA# 2018-03-0309<br>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. _____<br>DV No. T12-8585 <span style="float: right;">Total</span>   |                                    |   | 1,795.00  |             |                    |
| <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>JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS</b>  |                                    | Printed Name                            | <b>LEONORA A. ANIEL</b>   |             |                    |
| Position :   | <b>Chief - Local Health Support Division</b>  |                                    | Position                                | <b>BUDGET OFFICER III</b>   |             |                    |
|  |   |                                    |   |   |             |                    |
|  | Head Requesting Office / Authorized Representative  |                                    |   | Head, Budget Unit / Authorized Representative   |             |                    |
| Date :   |   |                                    | Date                                    | <b>02/13/2019</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>01/22/2019</b>  | <b>Obligation</b>   | <b>02 - 102101 - 2019-01 - 130</b> | <b>1,795.00</b>                         |   |             |                    |
|  |   |                                    |   |   |             |                    |
|  | Totals  |                                    | 1,795.00                                |   |             |                    |