




# OBLIGATION REQUEST AND STATUS

 <p><b>Republic of Philippines</b>  <b>Department of Health</b>  <b>Central Visayas Center for Health Development</b>  <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/ Expenditure</b>	<b>Amount</b>		
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		
<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>02/18/2019</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>  <b>Department of Health</b>  <b>Central Visayas Center for Health Development</b>  <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/ 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. 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>02/18/2019</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>  <b>Department of Health</b>  <b>Central Visayas Center for Health Development</b>  <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/ 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. _____ DV No. T12-8588 <span style="float: right;">Total</span>			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>02/18/2019</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>		<b>2,085.00</b>			


# OBLIGATION REQUEST AND STATUS

 <p><b>Republic of Philippines</b>  <b>Department of Health</b>  <b>Central Visayas Center for Health Development</b>  <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>	KAY CARINA ANG					
<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/ Expenditure</b>	<b>Amount</b>		
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		
<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>02/18/2019</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>  <b>Department of Health</b>  <b>Central Visayas Center for Health Development</b>  <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/ Expenditure</b>	<b>Amount</b>		
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		
<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>02/18/2019</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></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> <u>02 - 102101 - 2019-01 - 124</u>	
						<b>Date :</b> <u>01/18/2019</u>	
						<b>Fund :</b> <u>02- 102101</u>	
<b>Payee</b>		<b>MIGUELA CAHAYAG</b>					
<b>Office</b>		<b>Department of Health</b>					
<b>Address</b>		<b>LILA, BOHOL</b>					
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		
					Total 1,000.00		
<b>A.</b>		<b>B.</b>					
<b>Certified:</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>02/18/2019</b>			
<b>C. STATUS OF OBLIGATION</b>							
Reference			Amount				
Date	Particulars	ORS/JEV/RCl/RADAl No.	Obligation	Payment	Not Yet Due	Due and Demandable	
01/18/2019	Obligation	<b>02 - 102101 - 2019-01 - 124</b>	<b>1,000.00</b>				
		Totals	1,000.00				

# OBLIGATION REQUEST AND STATUS


 <p><b>Republic of Philippines</b>  <b>Department of Health</b>  <b>Central Visayas Center for Health Development</b>  <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>		<b>GIEFRED REGNER, ET AL</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/ Expenditure</b>	<b>Amount</b>		
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				
<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>02/18/2019</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 - 125</b>				
	<b>Totals</b>					

# OBLIGATION REQUEST AND STATUS


 <p><b>Republic of Philippines</b>  <b>Department of Health</b>  <b>Central Visayas Center for Health Development</b>  <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						
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				
<b>A. Certified:</b> Charges to appropriation/ allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal  Signature : Printed Name : <b>JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS</b> Position : <b>Chief - Local Health Support Division</b>		<b>B. Certified:</b> Allotment available and obligated for the purpose/adjustment necessary as indicated above  Signature : Printed Name : <b>LEONORA A. ANIEL</b> Position : <b>BUDGET OFFICER III</b>				
Head Requesting Office / Authorized Representative		Head, Budget Unit / Authorized Representative				
Date :		Date <b>02/18/2019</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 - 126				
		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> 02 - 102101 - 2019-01 - 127</p> <p><b>Date :</b> 01/18/2019</p> <p><b>Fund :</b> 02- 102101</p>		
<b>Payee</b>		TONEE ROSE PIL						
<b>Office</b>		Department of Health						
<b>Address</b>		ARGAO, CEBU						
<b>Responsibility Center</b>		<b>Particulars</b>		<b>MFO/PAP</b>		<b>UACS Code/Expenditure</b>		
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				
<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 :		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		02/18/2019		
<b>C.</b>		<b>STATUS OF OBLIGATION</b>						
<b>Reference</b>				<b>Amount</b>				
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><b>Republic of Philippines</b>  <b>Department of Health</b>  <b>Central Visayas Center for Health Development</b>  <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/ Expenditure</b>	<b>Amount</b>		
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		
<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>02/18/2019</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 - 128</b>	<b>1,450.00</b>		1,450.00	
	<b>Totals</b>		1,450.00			


# OBLIGATION REQUEST AND STATUS

 <p><b>Republic of Philippines</b>  <b>Department of Health</b>  <b>Central Visayas Center for Health Development</b>  <b>Central Visayas, Osmeña Blvd. Cebu City</b></p>			<b>No :</b> 02 - 102101 - 2019-01 - 129			
			<b>Date :</b> 01/22/2019			
			<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/ Expenditure</b>	<b>Amount</b>		
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		
<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>02/18/2019</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>		1,660.00			

# OBLIGATION REQUEST AND STATUS

 <p><b>Republic of Philippines</b>  <b>Department of Health</b>  <b>Central Visayas Center for Health Development</b>  <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/ Expenditure</b>	<b>Amount</b>		
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		
<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>02/18/2019</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			

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 <p><b>Republic of Philippines</b>  <b>Department of Health</b>  <b>Central Visayas Center for Health Development</b>  <b>Central Visayas, Osmeña Blvd. Cebu City</b></p>			<b>No :</b> 02 - 102101 - 2019-01 - 131			
			<b>Date :</b> 01/23/2019			
			<b>Fund :</b> 02- 102101			
<b>Payee</b>	<b>NELSON NAVARRO</b>					
<b>Office</b>	<b>Department of Health</b>					
<b>Address</b>	<b>MINGLANILLA, CEBU</b>					
<b>Responsibility Center</b>	<b>Particulars</b>	<b>MFO/PAP</b>	<b>UACS Code/ Expenditure</b>	<b>Amount</b>		
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		
<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>ELLENIETTA HMV N. GAMOLO, MD, MPH, CESE</b>		Printed Name	<b>LEONORA A. ANIEL</b>		
Position :	<b>Assistant Regional Director</b>		Position	<b>BUDGET OFFICER III</b>		
	Head Requesting Office / Authorized Representative			Head, Budget Unit / Authorized Representative		
Date :			Date	<b>02/18/2019</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>01/23/2019</b>	<b>Obligation</b>	<b>02 - 102101 - 2019-01 - 131</b>	<b>35,181.06</b>			
	<b>Totals</b>		35,181.06			