BLICOMPHILIA			Republic of Philippines			No :	02 - 10	2101 - 2019-01 - 119
A REP	NES · H		Department of Health			Date :		01/18/2019
TAPIMENT OF HE	3	Centra	l Visayas Center for Health Deve	lopment		Fund :		02- 102101
		Cen	tral Visayas, Osmeña Blvd. Ceb	u City				
Paye	•	KAREN PACA	ATANG					
Office	•	Department o	f Health					
Addres	ss	SEVILLA, BO	HOL					
Responsibility	y Center		Particulars	MFO/P	AP	UACS Code/ Expenditure		Amount
SAA# 2018-(CONA		TRAVELLING ON OFFICIAL	E REIMBURSEMENT OF EXPENSES INCURRED WHILE TRAVEL TO CEBU CITY LAST 018, IN THE AMOUNT OF	3102011000	004000	004000 5020101000 1		1,520.00
		PO No.	PR No.					
		DV No. T12-85	593 Total					1,520.00
Α.	Certified:			В.	Certified:			
	Charges to a supervision;	appropriation/ allotm and supporting doc	ent necessary, lawful and under my direct uments valid, proper and legal		Allotment av indicated ab	vailable and oblig ove	ated for the purp	ose/adjustment necessary as
Signature :				Signature :				
Printed Name :				Printed Name		LE	ONORA A. A	NIEL
Position:				Position		BU	DGET OFFIC	ER III
		Head Requesting O	ffice / Authorized Representative			Head, Budget		d Representative
Date :				Date			02/13/2019	
C.		Defer-		TUS OF OBLIGA	HON	Λ	nunt .	
Date	Pa	Referen articulars	ORS/JEV/RCI/RADAI No.	Obligation		Amo Payment	Not Yet Due	Due and Demandable
01/18/2019	Ob	ligation	02 - 102101 - 2019-01 - 119	1,520.00				
			Totals	1,520.00				

STALIC - PHILL	a a		Republic of Philippin	es			No :	02 - 10	2101 - 2019-01 - 120
THE STATE OF THE S	NES ·		Department of Healt	h			Date :		01/18/2019
THE PART OF THE PA	E STATE OF THE STA	Centra	l Visayas Center for Health	n Deve	lopment		Fund :		02- 102101
WENT V		Cer	ntral Visayas, Osmeña Blvd	l. Cebi	u City				
Paye	e	DAVILYN AG	UR						
Offic	е	Department of	of Health						
Addre	ss	CEBU CITY							
Responsibilit	ty Center		Particulars		MFO/P	AP		Code/ nditure	Amount
2018 PHM	CONAP	TRAVELLING ON OFFICIAL	E REIMBURSEMENT OF E EXPENSES INCURRED W TRAVEL TO TAGBILARAN 0-11, 2018, IN THE AMOUN	I CITY	3103011000	001000 5020101000		1,080.00	
		PO No.	PR No.						
		DV No. T12-8	586	Total		1			1,080.00
Α.	Certified:				B.	Certified:			
	Charges to supervision:	appropriation/ allotm	nent necessary, lawful and under my d cuments valid, proper and legal	lirect		Allotment av indicated ab	vailable and oblig	ated for the purp	oose/adjustment necessary as
Signature :					Signature :				
Printed Name :	JO	NATHAN NEIL V	/. ERASMO, MD, MPH, FPSMS		Printed Name		LI	ONORA A. A	NIEL
Position :		Chief - Local	Health Support Division		Position		ВІ	JDGET OFFIC	ER III
		Head Requesting C	Office / Authorized Representative				Head, Budge	t Unit / Authorize	d Representative
Date :					Date			02/13/2019	
C.				STAT	US OF OBLIGA	TION			
		Referen	nce				Am	ount	T
Date	P	articulars	ORS/JEV/RCI/RADAI No.		Obligation		Payment	Not Yet Due	Due and Demandable
01/18/2019	OI	oligation	02 - 102101 - 2019-01 - 12	20	1,080.00				
	1		1		ı				

1,080.00

Totals

SBLIC OF PHILIA			Republic o	f Philippines			No :	02 - 10	2101 - 2019-01 - 121
# B	NES . A		Departme	nt of Health			Date :		01/18/2019
TO THE PART OF H	S	Centra	l Visayas Center	for Health Deve	lopment		Fund :		02- 102101
ZNI		Cen	tral Visayas, Os	meña Blvd. Ceb	u City				
Paye	е	MYRA LEON	ORA SALVALEO	N					
Office	е	Department of	of Health						
Addre	ss	BOHOL							
Responsibilit	y Center		Particulars		MFO/PAP			Code/ nditure	Amount
2018 PHM (CONAP	TRAVELLING ON OFFICIAL DEC. 4-6, 201	E REIMBURSEM EXPENSES INC TRAVEL TO CE 8, IN THE AMOU	URRED WHILE BU CITY LAST INT OF	3103011000	001000	000 5020101000		2,085.00
		PO No.	PR No						2.005.00
Α.	Certified:	DV No. T12-8	000	Total	В.	Certified:			2,085.00
		appropriation/ allotm and supporting doc	ent necessary, lawful a uments valid, proper ar	and under my direct nd legal			vailable and oblig	ated for the purp	oose/adjustment necessary as
Signature :					Signature :				
Printed Name :	JO	NATHAN NEIL V	. ERASMO, MD, M	PH, FPSMS	Printed Name		LE	ONORA A. A	NIEL
Position :		Chief - Local	Health Support Div	vision	Position		BU	IDGET OFFIC	ER III
		Head Requesting O	office / Authorized Repr	esentative			Head, Budge	t Unit / Authorize	ed Representative
Date :		-	-	· · · · · · · · · · · · · · · · · · ·	Date			02/13/2019)
C				STA	TUS OF OBLIGA	TION			
		Referen	ce				Am	ount	T
Date	P	articulars	ORS/JEV/RO	CI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable
01/18/2019	Ol	oligation	02 - 102101 -	2019-01 - 121	2,085.00				

2,085.00

Totals

SBLIC ON PHILIA	2		Republic of Philippines			No :	02 - 102	2101 - 2019-01 - 122
R. R	MES.		Department of Health			Date :		01/18/2019
ER TO		Centra	l Visayas Center for Health Dev	elopment		Fund :		02- 102101
MENT OF		Cen	tral Visayas, Osmeña Blvd. Cel	ou City				
Paye	е	KAY CARINA						
Office		Department o	of Health					
Addre	ss	CEBU CITY						
Responsibilit	y Center		Particulars	MFO/P	'AP	UACS Expen		Amount
SAA# 2018-0 CONA	Certified:	TRAVELLING ON OFFICIAL FOR THE MO THE AMOUNT PO No. DV No. T12-86	PR No.	320101100	Certified:			1,042.00 1,042.00 pse/adjustment necessary as
Signaturo :	supervision;	and supporting doci	uments valid, proper and legal	Signatura	indicated ab	ove		
Signature : Printed Name :	JOI.	NATHAN NEIL V	. ERASMO, MD, MPH, FPSMS	Signature : Printed Name		I F	ONORA A. AN	NIEL
Position :			Health Support Division	Position			DGET OFFICE	
		Head Requesting O	ffice / Authorized Representative			Head, Budget	Unit / Authorized	Representative
Date :				Date			02/13/2019	
C.				TUS OF OBLIGA	ATION			
	1	Referen	ce			Amo	ount	
						Payment	Not Yet Due	_ Due and
Date	Pa	articulars	ORS/JEV/RCI/RADAI No.	Obligation		1 ayınıcını	Not ret bue	Demandable
Date 01/18/2019		articulars	ORS/JEV/RCI/RADAI No. 02 - 102101 - 2019-01 - 122	1,042.00		i ayment	Not ret Bue	Demandable

SIBLIC PHILL	4		Republic of Philippines			No :	02 - 102	2101 - 2019-01 - 123
R. R	NES*		Department of Health			Date :		01/18/2019
ER TAN	A STATE OF THE STA	Centra	l Visayas Center for Health Dev	elopment		Fund :		02- 102101
WENT OF		Cen	tral Visayas, Osmeña Blvd. Cel	ou City				
Paye	e	STEVEN RITZ	Z GONZALVE				-	
Offic		Department of	of Health					
Addre	ss	CEBU CITY						
Responsibilit	ty Center		Particulars	MFO/PAP		UACS (Expend		Amount
SAA# 2018- CONA	Certified:	TRAVELLING ON OFFICIAL FOR THE MO THE AMOUNT PO No.	PR No.	320101100	Certified:	rtified:		4,460.00 4,460.00 ese/adjustment necessary as
Signature :	•			Signature :				
Printed Name :	JO	NATHAN NEIL V	. ERASMO, MD, MPH, FPSMS	Printed Name		LE	ONORA A. AN	NEL
Position :		Chief - Local	Health Support Division	Position		BUI	DGET OFFICE	ER III
						Hard D. J. St.	Hatt / Aud.	December
		Hand Degree - 4th C		1	1	Head, Budget	Unit / Authorized	representative
Date ·		Head Requesting O	ffice / Authorized Representative	Date			02/12/2010	
		Head Requesting O		Date DRUGA	TION		02/13/2019	
			STA	Date	ATION	Amo		
Date : C.		Referen articulars	STA	-		Amo Payment		Due and Demandable
C.	P	Referen	STA ce	TUS OF OBLIGA			unt	

SALIC - PHILL	· A		Republic of Philippines			No :	02 - 102	2101 - 2019-01 - 124	
S S S S S S S S S S S S S S S S S S S	NES ·		Department of Health			Date :		01/18/2019	
THE PARTY OF THE P	15 To	Centra	l Visayas Center for Health Dev	elopment		Fund :	Fund : 02- 102101		
WENT .		Cen	tral Visayas, Osmeña Blvd. Cel	ou City					
Paye	e	MIGUELA CA	HAYAG						
Offic	е	Department of	of Health						
Addre	ss	LILA, BOHOL	•						
Responsibilit	ty Center		Particulars	MFO/P	MFO/PAP		Code/ diture	Amount	
2018 HRH CONA	Certified:	PO No. TRAVELLING ON OFFICIAL DEC. 10-11, 2		T		01000	1,000.00		
	Charges to a supervision;	appropriation/ allotm and supporting doc	ent necessary, lawful and under my direct uments valid, proper and legal		Allotment av indicated ab	vailable and obligatione	ated for the purpo	ose/adjustment necessary as	
Signature :				Signature :					
Printed Name :	JO	NATHAN NEIL V	. ERASMO, MD, MPH, FPSMS	Printed Name		LE	ONORA A. AN	NIEL	
Position :		Chief - Local	Health Support Division	Position		BU	DGET OFFICE	ER III	
		Head Requesting O	office / Authorized Representative			Head, Budget	: Unit / Authorized	I Representative	
Date :		, 3-	·	Date			02/13/2019	•	
C.			STA	TUS OF OBLIGA	ATION		-		
		Referen				Amo	ount		
	P:	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable	
Date									
Date 01/18/2019		ligation	02 - 102101 - 2019-01 - 124	1,000.00					

SBLIC PHILL	***		Republic of Philippines			No :	02 - 102	2101 - 2019-01 - 125
A STATE OF THE STA	NES !		Department of Health			Date :		01/18/2019
ET TO	N. C.	Centra	I Visayas Center for Health Dev	elopment		Fund :		02- 102101
WENT OF		Cen	tral Visayas, Osmeña Blvd. Ceb	ou City				
Paye	e	GIEFRED RE	GNER, ET AL				-	
Offic		Department of						
Addre	ss	BOHOL						
Responsibilit	y Center		Particulars	MFO/P	AP	UACS Code/ Expenditure		Amount
2018 PHM	Certified:	PO No. DV No. T12-86	PR No. 606 PR No. arent necessary, lawful and under my direct uments valid, proper and legal	310301100	Certified:			ose/adjustment necessary as
Signatura :	supervision	and supporting doc	unienis valiu, proper and legal	Signatura	indicated ab	ove		
Signature : Printed Name :	OL.	NATHAN NEIJ V	. ERASMO, MD, MPH, FPSMS	Signature : Printed Name	 	I F	ONORA A. AI	NIEL
Position :	30		Health Support Division	Position			DGET OFFICI	
		Head Requesting C	office / Authorized Representative			Head, Budget		d Representative
Date :				Date			02/13/2019	
C				TUS OF OBLIGA	TION			
	1	Referen	ce I			Amo	ount	
Date	P	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable
01/18/2019	OI	oligation	02 - 102101 - 2019-01 - 125					
		_						
	Ī		Totals					

Department of Health Central Visayas, Osmeña Bivd. Cebu City Payee LETECIA YECYEC, ET AL. Office Department of Health Address BOHOL Responsibility Center 7 O DELICATE PERIMEURASHENT OF TRAVELLING EXPENSES INCURRED WHILE AMOUNT OF NOVEMBER AND DECEMBER 2018, IN THE AMOUNT OF NOVEMBER AND DECEMBER 2018, IN THE AMOUNT OF Supervision and experiment of department of Health A. Certified: Chapter to appropriation allormen representative of the purpose individual ment and experiment of the purpose individual ment and experime	JELIC O DE PHILL			Republic of Philippines			No :	02 - 10	2101 - 2019-01 - 126
Central Visayas, Osmeña Bivd. Cebu City Payee LETECIA YECYEC, ET AL Office Department of Health Address BOHOL Responsibility Center 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 A. Certified: Charges to approximately allorment necessary, lawful and under my direct charges on approximately allorment recessary lawful and under my direct charges to approximately allorment recessary lawful and under my direct charges to approximately allorment recessary lawful and under my direct charges to approximately allorment recessary lawful and under my direct charges to approximately allorment recessary lawful and under my direct charges to approximately allorment recessary lawful and under my direct charges to approximately allorment recessary lawful and under my direct charges to approximately allorment recessary lawful and under my direct charges to approximate the purpose/adjustment necessary indicated above Signature: Signature: Signature: JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS Prired Name LEONOR A. ANIEL PROBIECT OFFICER III Date Particulars ORSJEV/RCI/RADAI No. ORSIGETOR DELIGATION Reference Amount Dive and Demandable	R. A.	NES *		Department of Health			Date :		01/18/2019
Payee LETECIA YECYEC, ET AL Office Department of Health Address BOHOL Responsibility Center Particulars MFO/PAP UACS Code/ Expenditure Amount TO OBLIGATE REIMBURSEMENT OF TRAVELLING EXPENSES INCURRED WHILE ON OFFICIAL TRAVEL FOR THE MONTH OF NOVEMBER AND DECEMBER 2018, IN THE AMOUNT OF A. Certified: Charges to appropriatory allorment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal indicated above indicat	ER THE TENE	N. S.	Centra	l Visayas Center for Health Deve	elopment		Fund :		02- 102101
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 A. Certified: Charges to appropriation/ allotment necessary, lawful and under my direct supervision: and supporting documents valid, proper and legal indicated above indicated above. Signature: Firsted Name: JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS Printed Name LEONGR A. ANIEL Position: Chief - Local Health Support Division Position Head Requesting Office / Authorized Representative Date: Date Particulars ORSUEV/RCURADAI No. Obligation Payment Not Yet Due Due and Demandable Demandable Demandable Date Date Date Date Date Date Date Dat	WENT .		Cen	tral Visayas, Osmeña Blvd. Ceb	u City				
Responsibility Center Particulars MFO/PAP UACS Code/ Expenditure Amount TO OBLIGATE REIMBURSEMENT OF TRAVELLING EXPENSES INCURRED WHILE ON OFFICIAL TRAVEL FOR THE MONTH OF NOVEMBER AND DECEMBER 2018, IN THE AMOUNT OF NOVEMBER AND DECEMBER 2018, IN THE AMOUNT OF NOVEMBER AND DECEMBER 2018, IN THE AMOUNT OF A. Certifled: Charges to appropriation' allotiment necessary, lawful and under my direct suppression. Allotiment available and obligated for the purpose/adjustment necessary discrete and supporting documents valid, proper and legal discrete and support discr	Paye	e	LETECIA YEO	CYEC, ET AL				<u> </u>	
Responsibility Center Particulars MFO/PAP UACS Code/ Expenditure 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 A. 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 indicated above Signature: Finited Name: JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS Printed Name: JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS Printed Name: Date Date Date O2/13/2019 Date Particulars ORS/JEV/RCI/RADAI No. Obligation Payment Not Yet Due Date Date Date Date Date Date Date Dat	Offic	е	Department of	of Health					
2018 PHM CONAP TO OBLIGATE REIMBURSEMENT OF TRAVELLING EXPENSES INCURRED WHILE ON OFFICIAL TRAVEL ING EXPENSES INCURRED WHILE ON OFFICIAL TRAVEL FOR THE MONTH OF NOVEMBER AND DECEMBER 2018, IN THE AMOUNT OF A. Certified: Charges to appropriation allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal Signature: Printed Name: JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS Printed Name JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS Printed Name Head Requesting Office / Authorized Representative Date: Date Particulars ORSUEV/RCI/RADAI No. Deligation Payment Not Yet Due Due and Demandable	Addre	ss	BOHOL						
TRAVELLING EXPENSES INCURRED WHILE ON OFFICIAL TRAVEL FOR THE MONTH OF NOVEMBER AND DECEMBER 2018, IN THE AMOUNT OF A. Certifled: Charges to appropriation/ allotment necessary, lawful and under my direct supervision, and supporting decuments valid, proper and legal Charges to appropriation/ allotment necessary, lawful and under my direct supervision, and supporting decuments valid, proper and legal Signature: Signature: Signature: Signature: Distance: JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS Printed Name Desilion: Chief - Local Health Support Division Position: Head Requesting Office / Authorized Representative Date Date Date Particulars ORS/JEV/RCI/RADAI No. Obligation Payment Not Yet Due Due and Demandable	Responsibilit	y Center		Particulars	MFO/P	AP	UACS Expen	Code/ diture	Amount
Printed Name: JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS Position: Chief - Local Health Support Division Head Requesting Office / Authorized Representative Date: Date STATUS OF OBLIGATION Reference Date Particulars ORS/JEV/RCI/RADAI No. Printed Name LEONORA A. ANIEL BUDGET OFFICER III Head, Budget Unit / Authorized Representative 02/13/2019 C. STATUS OF OBLIGATION Payment Not Yet Due Due and Demandable		Certified:	PO No. DV No. T12-8	EXPENSES INCURRED WHILE. TRAVEL FOR THE MONTH OF AND DECEMBER 2018, IN THE PR No. 607 Total		Certified:	Certified:		
Chief - Local Health Support Division Position: Head Requesting Office / Authorized Representative Date: Date STATUS OF OBLIGATION Reference Date Particulars ORS/JEV/RCI/RADAI No. Obligation Position BUDGET OFFICER III Head, Budget Unit / Authorized Representative 02/13/2019 C. STATUS OF OBLIGATION Payment Not Yet Due Due and Demandable	Signature :				Signature :				
Head Requesting Office / Authorized Representative Date: Date STATUS OF OBLIGATION Reference Date Particulars ORS/JEV/RCI/RADAI No. Description Head, Budget Unit / Authorized Representative 02/13/2019 Amount Due and Demandable	Printed Name :	JO	NATHAN NEIL V	. ERASMO, MD, MPH, FPSMS	Printed Name		LE	ONORA A. A	NIEL
Date : Date 02/13/2019 C. STATUS OF OBLIGATION Reference Amount Date Particulars ORS/JEV/RCI/RADAI No. Obligation Payment Not Yet Due Due and Demandable	Position :		Chief - Local	Health Support Division	Position		BU	DGET OFFIC	ER III
Date : Date 02/13/2019 C. STATUS OF OBLIGATION Reference Amount Date Particulars ORS/JEV/RCI/RADAI No. Obligation Payment Not Yet Due Due and Demandable			Head Requesting C	office / Authorized Representative			Head, Budget	Unit / Authorize	d Representative
C. STATUS OF OBLIGATION Reference Amount Date Particulars ORS/JEV/RCI/RADAI No. Obligation Payment Not Yet Due Due and Demandable	Date :		. 5	·	Date		. 5		
Reference Amount Date Particulars ORS/JEV/RCI/RADAI No. Obligation Payment Not Yet Due Due and Demandable	C.			STA	TUS OF OBLIGA	TION			
Date Particulars OKS/JEV/KO//KADALING. Obligation Payment Not Fet Due Demandable		•	Referen				Amo	ount	
01/18/2019 Obligation 02 - 102101 - 2019-01 - 126	Date	Pa	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable
	01/18/2019	Ok	oligation	02 - 102101 - 2019-01 - 126					
Totals									

BLICOMPHILIA			Republic of Philippines			No :	02 - 10	2101 - 2019-01 - 127
G REE	NES · H.		Department of Health			Date :		01/18/2019
PATAL OF HE	3	Centra	l Visayas Center for Health Deve	lopment		Fund :		02- 102101
CHI		Cen	tral Visayas, Osmeña Blvd. Ceb	u City				
Paye)	TONEE ROSE	: PIL					
Office	•	Department o	f Health					
Addres	ss	ARGAO, CEB	U					
Responsibility	y Center		Particulars	MFO/P	AP	UACS Code/ Expenditure		Amount
2018 HRH CONA		TRAVELLING ON OFFICIAL	E REIMBURSEMENT OF EXPENSES INCURRED WHILE TRAVEL TO CEBU CITY LAST B, IN THE AMOUNT OF PR No. 466 Total	3102021000	001000			
A.	Certified:	D 7 140. 112 0	rotar	В.	Certified:	l		
	Charges to a supervision;	appropriation/ allotm and supporting doc	ent necessary, lawful and under my direct uments valid, proper and legal		Allotment av indicated ab	/ailable and oblig ove	ated for the purp	ose/adjustment necessary as
Signature :				Signature :				1
Printed Name :	JO	NATHAN NEIL V	. ERASMO, MD, MPH, FPSMS	Printed Name		LF	ONORA A. A	NIEL
Position :			Health Support Division	Position			DGET OFFIC	
		Head Requesting O	ffice / Authorized Representative			Head, Budget		d Representative
Date :				Date			02/13/2019	
C.				TUS OF OBLIGA	TION			
		Referen	ce			Amo	ount	
Date	Pa	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable
01/18/2019	Ob	ligation	02 - 102101 - 2019-01 - 127					
			Totals					

3 BUC PHILIP	S S S S S S S S S S S S S S S S S S S		Republic of Philippines			No :	02 - 10	2101 - 2019-01 - 128
RE THE STATE OF TH	ES · /		Department of Health			Date :		01/22/2019
THE PART OF LE	N S S S S S S S S S S S S S S S S S S S	Centra	l Visayas Center for Health Deve	elopment		Fund :		02- 102101
- CAT		Cen	tral Visayas, Osmeña Blvd. Ceb	u City				
Paye	е	MARIA CHON	IA M. SINGCO					
Offic	е	Department o	of Health					
Addre	ss	CEBU CITY		1				
Responsibilit	y Center		Particulars	MFO/PAP			Code/ nditure	Amount
2018 HRH CONA		ATTENDING A	E TRAVEL EXPENSES WHILE A SHORT FILM LAUNCHING AT NG MANILA ON 13 DEC 18	310202100	001000	5020101000		1,450.0
A.	Certified:			В.	Certified:			1,450.0
	Charges to supervision;	appropriation/ allotm and supporting doc	ent necessary, lawful and under my direct uments valid, proper and legal		Allotment av	vailable and oblig pove	ated for the purp	oose/adjustment necessary as
Signature :				Signature :				
Printed Name :	JO	NATHAN NEIL V	. ERASMO, MD, MPH, FPSMS	Printed Name		LE	ONORA A. A	NIEL
Position :		Chief - Local	Health Support Division	Position		BL	JDGET OFFIC	ER III
		Head Requesting O	office / Authorized Representative			Head, Budge	t Unit / Authorize	ed Representative
Date :			·	Date			02/13/2019	
C .			STA	TUS OF OBLIGA	TION			
		Referen	ce			Am	ount	
Date	P	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable
01/22/2019	OI	oligation	02 - 102101 - 2019-01 - 128	1,450.00			1,450.00	
							,	
	1		Totals	1 450 00	1			

SALIC OF PHILL	·		Republic of Philippines			No :	02 - 102	2101 - 2019-01 - 129
S S S S S S S S S S S S S S S S S S S	NES ·		Department of Health			Date :		01/22/2019
THE PART OF THE PA	TE STATE OF THE ST	Centra	l Visayas Center for Health Dev	elopment		Fund :		02- 102101
SENT S		Cen	tral Visayas, Osmeña Blvd. Cek	ou City				
Paye	e	HENRY NICH	OLSON C. LABAJO					
Offic	е	Department o	of Health					
Addre	ss	BOHOL		_				
Responsibilit	ty Center		Particulars	MFO/PAP		UACS (Expend		Amount
	TO OBLIGATE TRAVEL EXPENSE INCURRED LAST NOVEMBER 5-7 2018 SARROSA HOTEL CEBU CITY		AST NOVEMBER 5-7 2018 AT	310202100	001000	502010	11000	1,660.00
		PO No.	PR No.					
		DV No. T12-86	505 Tota	ı	_			1,660.00
A.	Certified:			B.	Certified:			
	Charges to supervision;	appropriation/ allotm and supporting doc	ent necessary, lawful and under my direct uments valid, proper and legal		Allotment av indicated ab	vailable and obliga	ted for the purpc	ose/adjustment necessary as
Signature :				Signature :				
Printed Name :	JO	NATHAN NEIL V	. ERASMO, MD, MPH, FPSMS	Printed Name		LEG	ONORA A. AN	NIEL
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Signature :				Signature :				
Printed Name :	JO	NATHAN NEIL V	. ERASMO, MD, MPH, FPSMS	Printed Name		LEC	ONORA A. AN	IIEL
Position :		Chief - Local	Health Support Division	Position		BUI	OGET OFFICE	R III
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