




# 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 - 2019-02 - 172			
			<b>Date :</b> 02/01/2019			
			<b>Fund :</b> 02- 102101			
<b>Payee</b>	JOHN CHRISTIAN AKJUL					
<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>		
STO-PS	TO OBLIGATE REIMBURSEMENT OF TRAVELLING EXPENSES INCURRED WHILE ON OFFICIAL TRAVEL TO CEBU PROVINCE LAST DEC. 2-7 & 10-16, 2018, IN THE AMOUNT OF        PO No. PR No. DV No. T12-8641 Total	200000100002000				
<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>ELIZABETH P. TABASA, CPA, MBA, CEO VI</b>		Printed Name <b>LEONORA A. ANIEL</b>				
Position : <b>Chief - Management Support Division</b>		Position <b>BUDGET OFFICER III</b>				
Head Requesting Office / Authorized Representative		Head, Budget Unit / Authorized Representative				
Date :		Date <b>02/28/2019</b>				
<b>C. STATUS OF OBLIGATION</b>						
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
02/01/2019	Obligation	02 - 102101 - 2019-02 - 172				
	Totals					


## OBLIGATION REQUEST AND STATUS

 <div style="text-align: center;"> <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> </div>			<b>No :</b> 02 - 102101 - 2019-02 - 173 <b>Date :</b> 02/01/2019 <b>Fund :</b> 02- 102101			
<b>Payee</b>	<b>LEOPOLDO VILLAESTER</b>					
<b>Office</b>	<b>Department of Health</b>					
<b>Address</b>	<b>BANTAYAN, CEBU</b>					
<b>Responsibility Center</b>	<b>Particulars</b>	<b>MFO/PAP</b>	<b>UACS Code/ Expenditure</b>	<b>Amount</b>		
STO-PS	TO OBLIGATE REIMBURSEMENT OF TRAVELLING EXPENSES INCURRED WHILE ON OFFICIAL TRAVEL TO CEBU CITY LAST DEC. 3-4, 2018, IN THE AMOUNT OF  PO No.                                  PR No. DV No. T12-8638                                  Total	200000100002000				
<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>ELIZABETH P. TABASA, CPA, MBA, CEO VI</b>		Printed Name	<b>LEONORA A. ANIEL</b>		
Position :	<b>Chief - Management Support Division</b>		Position	<b>BUDGET OFFICER III</b>		
	Head Requesting Office / Authorized Representative			Head, Budget Unit / Authorized Representative		
Date :			Date	<b>02/28/2019</b>		
<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
02/01/2019	Obligation	02 - 102101 - 2019-02 - 173				
	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 - 2019-02 - 174</p> <p><b>Date :</b> 02/01/2019</p> <p><b>Fund :</b> 02- 102101</p>		
<b>Payee</b>		ROY JULIEN JUMAMOY						
<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>		
STO-PS		TO OBLIGATE REIMBURSEMENT OF TRAVELLING EXPENSES INCURRED WHILE ON OFFICIAL TRAVEL TO UBAY, BOHOL LAST DEC. 21, 2018, IN THE AMOUNT OF		200000100002000				
		PO No. PR No.						
		DV No. T12-8624		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 :		ELIZABETH P. TABASA, CPA, MBA, CEO VI		Printed Name		LEONORA A. ANIEL		
Position :		Chief - Management Support Division		Position		BUDGET OFFICER III		
		Head Requesting Office / Authorized Representative				Head, Budget Unit / Authorized Representative		
Date :				Date		02/28/2019		
<b>C.</b>		<b>STATUS OF OBLIGATION</b>						
<b>Reference</b>				<b>Amount</b>				
Date	Particulars	ORS/JEV/RCI/RADA/ No.	Obligation	Payment	Not Yet Due	Due and Demandable		
02/01/2019	Obligation	02 - 102101 - 2019-02 - 174						
	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 - 2019-02 - 175			
			<b>Date :</b> 02/01/2019			
			<b>Fund :</b> 02- 102101			
<b>Payee</b>		<b>CLAUDETTE MAE FLORES</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>		
STO-PS	TO OBLIGATE REIMBURSEMENT OF TRAVELLING EXPENSES INCURRED WHILE ON OFFICIAL TRAVEL TO CEBU PROVINCE LAST JAN. 22-25, 2019, IN THE AMOUNT OF  PO No. PR No. DV No. T01-0084 Total	200000100002000				
<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>ELIZABETH P. TABASA, CPA, MBA, CEO VI</b>		Printed Name <b>LEONORA A. ANIEL</b>				
Position : <b>Chief - Management Support Division</b>		Position <b>BUDGET OFFICER III</b>				
Head Requesting Office / Authorized Representative		Head, Budget Unit / Authorized Representative				
Date :		Date <b>02/28/2019</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>02/01/2019</b>	<b>Obligation</b>	<b>02 - 102101 - 2019-02 - 175</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 - 2019-02 - 176			
			<b>Date :</b> 02/01/2019			
			<b>Fund :</b> 02- 102101			
<b>Payee</b> VINCENT BRYLLE CAÑETE						
<b>Office</b> Department of Health						
<b>Address</b> CEBU CITY						
Responsibility Center	Particulars	MFO/PAP	UACS Code/ Expenditure	Amount		
STO-PS	TO OBLIGATE REIMBURSEMENT OF TRAVELLING EXPENSES INCURRED WHILE ON OFFICIAL TRAVEL TO BOHOL PROVINCE LAST DEC. 21, 2018, IN THE AMOUNT OF        PO No. PR No. DV No. T12-8640 Total	200000100002000				
<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>ELIZABETH P. TABASA, CPA, MBA, CEO VI</b>		Printed Name <b>LEONORA A. ANIEL</b>				
Position : <b>Chief - Management Support Division</b>		Position <b>BUDGET OFFICER III</b>				
Head Requesting Office / Authorized Representative		Head, Budget Unit / Authorized Representative				
Date :		Date <b>02/28/2019</b>				
<b>C. STATUS OF OBLIGATION</b>						
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
02/01/2019	Obligation	02 - 102101 - 2019-02 - 176				
	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 - 2019-02 - 177			
			<b>Date :</b> 02/01/2019			
			<b>Fund :</b> 02- 102101			
<b>Payee</b>	<b>JENNIFER REMOLLO</b>					
<b>Office</b>	<b>Department of Health</b>					
<b>Address</b>	<b>DUMAGUETE CITY</b>					
<b>Responsibility Center</b>	<b>Particulars</b>	<b>MFO/PAP</b>	<b>UACS Code/ Expenditure</b>	<b>Amount</b>		
STO-PS	TO OBLIGATE REIMBURSEMENT OF TRAVELLING EXPENSES INCURRED WHILE ON OFFICIAL TRAVEL TO TAGAYTAY CITY LAST DEC. 3-20, 2018, IN THE AMOUNT OF        PO No. PR No. DV No. T02-0085 Total	200000100002000				
<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>ELIZABETH P. TABASA, CPA, MBA, CEO VI</b>		Printed Name <b>LEONORA A. ANIEL</b>				
Position : <b>Chief - Management Support Division</b>		Position <b>BUDGET OFFICER III</b>				
Head Requesting Office / Authorized Representative		Head, Budget Unit / Authorized Representative				
Date :		Date <b>02/28/2019</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>02/01/2019</b>	<b>Obligation</b>	<b>02 - 102101 - 2019-02 - 177</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 - 2019-02 - 178			
			<b>Date :</b> 02/01/2019			
			<b>Fund :</b> 02- 102101			
<b>Payee</b> MATTHEW ADRIAN LONGINOS						
<b>Office</b> Department of Health						
<b>Address</b> CEBU CITY						
Responsibility Center	Particulars	MFO/PAP	UACS Code/ Expenditure	Amount		
STO-PS	TO OBLIGATE REIMBURSEMENT OF TRAVELLING EXPENSES INCURRED WHILE ON OFFICIAL TRAVEL TO CEBU PROVINCE LAST JAN. 10 & 13, 2019, IN THE AMOUNT OF  PO No. PR No. DV No. T02-0088 Total	200000100002000				
A. <b>Certified:</b> Charges to appropriation/ allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal		B. <b>Certified:</b> Allotment available and obligated for the purpose/adjustment necessary as indicated above				
Signature :		Signature :				
Printed Name : <b>ELIZABETH P. TABASA, CPA, MBA, CEO VI</b>		Printed Name <b>LEONORA A. ANIEL</b>				
Position : <b>Chief - Management Support Division</b>		Position <b>BUDGET OFFICER III</b>				
Head Requesting Office / Authorized Representative		Head, Budget Unit / Authorized Representative				
Date :		Date <b>02/28/2019</b>				
C. <b>STATUS OF OBLIGATION</b>						
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
02/01/2019	Obligation	02 - 102101 - 2019-02 - 178				
		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 - 2019-02 - 179			
			<b>Date :</b> 02/01/2019			
			<b>Fund :</b> 02- 102101			
<b>Payee</b> LANDBANK OF THE PHILIPPINES						
<b>Office</b> Department of Health						
<b>Address</b> CEBU CITY						
Responsibility Center	Particulars	MFO/PAP	UACS Code/ Expenditure	Amount		
STO-PS	TO OBLIGATE PAYMENT FOR FIRST REMUNERATION OF VARIOUS JOB ORDER PERSONNEL FOR THE PERIOD FROM JAN. 7-31, 2019, IN THE AMOUNT OF  *atm        PO No. PR No. DV No. T01-0069/0070 Total	200000100002000				
<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>ELIZABETH P. TABASA, CPA, MBA, CEO VI</b>		Printed Name <b>LEONORA A. ANIEL</b>				
Position : <b>Chief - Management Support Division</b>		Position <b>BUDGET OFFICER III</b>				
Head Requesting Office / Authorized Representative		Head, Budget Unit / Authorized Representative				
Date :		Date <b>02/28/2019</b>				
<b>C. STATUS OF OBLIGATION</b>						
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
02/01/2019	Obligation	02 - 102101 - 2019-02 - 179				
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>			<b>No :</b> 02 - 102101 - 2019-02 - 180 <hr/> <b>Date :</b> 02/04/2019 <hr/> <b>Fund :</b> 02- 102101 <hr/>		
<b>Payee</b>	<b>AGNES M. GARCES</b>							
<b>Office</b>	<b>Department of Health</b>							
<b>Address</b>	<b>DUMAGUETE CITY</b>							
<b>Responsibility Center</b>	<b>Particulars</b>			<b>MFO/PAP</b>		<b>UACS Code/ Expenditure</b>		<b>Amount</b>
<b>STO-PS</b>	TO OBLIGATE REIMBURSEMENT OF TRAVELLING EXPENSES INCURRED WHILE ON OFFICIAL TRAVEL TO CEBU PROVINCE LAST NOV 19-21 2018, IN THE AMOUNT OF			200000100002000				
	<div style="display: flex; justify-content: space-between;"> <span>PO No.</span> <span>PR No.</span> </div> <div style="display: flex; justify-content: space-between;"> <span>DV No. T02-7614</span> <span>Total</span> </div>							
<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>ELIZABETH P. TABASA, CPA, MBA, CEO VI</b>			Printed Name	<b>LEONORA A. ANIEL</b>			
Position :	<b>Chief - Management Support Division</b>			Position	<b>BUDGET OFFICER III</b>			
	Head Requesting Office / Authorized Representative				Head, Budget Unit / Authorized Representative			
Date :				Date	<b>02/28/2019</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>02/04/2019</b>	<b>Obligation</b>	<b>02 - 102101 - 2019-02 - 180</b>						
		Totals						