




OBLIGATION REQUEST AND STATUS

 <p>Republic of Philippines Department of Health Central Visayas Center for Health Development Central Visayas, Osmeña Blvd. Cebu City</p>			No : 02 - 102101 - 2019-01 - 119			
			Date : 01/18/2019			
			Fund : 02- 102101			
Payee	KAREN PACATANG					
Office	Department of Health					
Address	SEVILLA, BOHOL					
Responsibility Center	Particulars	MFO/PAP	UACS Code/ Expenditure	Amount		
SAA# 2018-04-0699 CONAP	TO OBLIGATE REIMBURSEMENT OF TRAVELLING EXPENSES INCURRED WHILE ON OFFICIAL TRAVEL TO CEBU CITY LAST DEC. 20-21, 2018, IN THE AMOUNT OF	310201100004000	5020101000	1,520.00		
	PO No. PR No.					
	DV No. T12-8593	Total		1,520.00		
A.	Certified:		B.	Certified:		
	Charges to appropriation/ allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal			Allotment available and obligated for the purpose/adjustment necessary as indicated above		
Signature :			Signature :			
Printed Name :			Printed Name	LEONORA A. ANIEL		
Position :			Position	BUDGET OFFICER III		
	Head Requesting Office / Authorized Representative			Head, Budget Unit / Authorized Representative		
Date :			Date	02/12/2019		
C.	STATUS OF OBLIGATION					
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
01/18/2019	Obligation	02 - 102101 - 2019-01 - 119	1,520.00			
	Totals		1,520.00			


OBLIGATION REQUEST AND STATUS

 <p>Republic of Philippines Department of Health Central Visayas Center for Health Development Central Visayas, Osmeña Blvd. Cebu City</p>			No : 02 - 102101 - 2019-01 - 120			
			Date : 01/18/2019			
			Fund : 02- 102101			
Payee	DAVILYN AGUR					
Office	Department of Health					
Address	CEBU CITY					
Responsibility Center	Particulars	MFO/PAP	UACS Code/ Expenditure	Amount		
2018 PHM CONAP	TO OBLIGATE REIMBURSEMENT OF TRAVELLING EXPENSES INCURRED WHILE ON OFFICIAL TRAVEL TO TAGBILARAN CITY LAST DEC. 10-11, 2018, IN THE AMOUNT OF	310301100001000	5020101000	1,080.00		
	PO No. PR No. DV No. T12-8586 Total			1,080.00		
A.	Certified:		B.	Certified:		
	Charges to appropriation/ allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal			Allotment available and obligated for the purpose/adjustment necessary as indicated above		
Signature :			Signature :			
Printed Name :	JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS		Printed Name	LEONORA A. ANIEL		
Position :	Chief - Local Health Support Division		Position	BUDGET OFFICER III		
	Head Requesting Office / Authorized Representative			Head, Budget Unit / Authorized Representative		
Date :			Date	02/12/2019		
C.	STATUS OF OBLIGATION					
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
01/18/2019	Obligation	02 - 102101 - 2019-01 - 120	1,080.00			
	Totals		1,080.00			


OBLIGATION REQUEST AND STATUS

 <p>Republic of Philippines Department of Health Central Visayas Center for Health Development Central Visayas, Osmeña Blvd. Cebu City</p>			No : 02 - 102101 - 2019-01 - 121			
			Date : 01/18/2019			
			Fund : 02- 102101			
Payee	MYRA LEONORA SALVALEON					
Office	Department of Health					
Address	BOHOL					
Responsibility Center	Particulars	MFO/PAP	UACS Code/ Expenditure	Amount		
2018 PHM CONAP	TO OBLIGATE REIMBURSEMENT OF TRAVELLING EXPENSES INCURRED WHILE ON OFFICIAL TRAVEL TO CEBU CITY LAST DEC. 4-6, 2018, IN THE AMOUNT OF	310301100001000	5020101000	2,085.00		
	PO No. PR No.					
	DV No. T12-8588	Total		2,085.00		
A.	Certified:		B.	Certified:		
	Charges to appropriation/ allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal			Allotment available and obligated for the purpose/adjustment necessary as indicated above		
Signature :			Signature :			
Printed Name :	JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS		Printed Name	LEONORA A. ANIEL		
Position :	Chief - Local Health Support Division		Position	BUDGET OFFICER III		
	Head Requesting Office / Authorized Representative			Head, Budget Unit / Authorized Representative		
Date :			Date	02/12/2019		
C.	STATUS OF OBLIGATION					
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
01/18/2019	Obligation	02 - 102101 - 2019-01 - 121	2,085.00			
	Totals		2,085.00			


OBLIGATION REQUEST AND STATUS

 <p>Republic of Philippines Department of Health Central Visayas Center for Health Development Central Visayas, Osmeña Blvd. Cebu City</p>			No : 02 - 102101 - 2019-01 - 122			
			Date : 01/18/2019			
			Fund : 02- 102101			
Payee	KAY CARINA ANG					
Office	Department of Health					
Address	CEBU CITY					
Responsibility Center	Particulars	MFO/PAP	UACS Code/ Expenditure	Amount		
SAA# 2018-03-0537 CONAP	TO OBLIGATE REIMBURSEMENT OF TRAVELLING EXPENSES INCURRED WHILE ON OFFICIAL TRAVEL TO CEBU PROVINCE FOR THE MONTH OF OCTOBER 2018, IN THE AMOUNT OF	320101100001000	5020101000	1,042.00		
	PO No. PR No.					
	DV No. T12-8609	Total		1,042.00		
A.	Certified:		B.	Certified:		
	Charges to appropriation/ allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal			Allotment available and obligated for the purpose/adjustment necessary as indicated above		
Signature :			Signature :			
Printed Name :	JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS		Printed Name	LEONORA A. ANIEL		
Position :	Chief - Local Health Support Division		Position	BUDGET OFFICER III		
	Head Requesting Office / Authorized Representative			Head, Budget Unit / Authorized Representative		
Date :			Date	02/12/2019		
C.	STATUS OF OBLIGATION					
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
01/18/2019	Obligation	02 - 102101 - 2019-01 - 122	1,042.00			
	Totals		1,042.00			


OBLIGATION REQUEST AND STATUS

 <p>Republic of Philippines Department of Health Central Visayas Center for Health Development Central Visayas, Osmeña Blvd. Cebu City</p>			No : 02 - 102101 - 2019-01 - 123			
			Date : 01/18/2019			
			Fund : 02- 102101			
Payee	STEVEN RITZ GONZALVE					
Office	Department of Health					
Address	CEBU CITY					
Responsibility Center	Particulars	MFO/PAP	UACS Code/ Expenditure	Amount		
SAA# 2018-03-0537 CONAP	TO OBLIGATE REIMBURSEMENT OF TRAVELLING EXPENSES INCURRED WHILE ON OFFICIAL TRAVEL TO CEBU PROVINCE FOR THE MONTH OF DECEMBER 2018, IN THE AMOUNT OF	320101100001000	5020101000	4,460.00		
	PO No. PR No.					
	DV No. T12-8611	Total		4,460.00		
A.	Certified:		B.	Certified:		
	Charges to appropriation/ allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal			Allotment available and obligated for the purpose/adjustment necessary as indicated above		
Signature :			Signature :			
Printed Name :	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	02/12/2019		
C.	STATUS OF OBLIGATION					
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
01/18/2019	Obligation	02 - 102101 - 2019-01 - 123	4,460.00			
	Totals		4,460.00			


OBLIGATION REQUEST AND STATUS

 <div style="text-align: center;"> Republic of Philippines Department of Health Central Visayas Center for Health Development Central Visayas, Osmeña Blvd. Cebu City </div>			No : 02 - 102101 - 2019-01 - 124 Date : 01/18/2019 Fund : 02- 102101			
Payee	MIGUELA CAHAYAG					
Office	Department of Health					
Address	LILA, BOHOL					
Responsibility Center	Particulars	MFO/PAP	UACS Code/ Expenditure	Amount		
2018 HRH - DEP CONAP	TO OBLIGATE REIMBURSEMENT OF TRAVELLING EXPENSES INCURRED WHILE ON OFFICIAL TRAVEL TO CEBU CITY LAST DEC. 10-11, 2018, IN THE AMOUNT OF <div style="display: flex; justify-content: space-between;"> PO No. PR No. </div> <div style="display: flex; justify-content: space-between;"> DV No. T12-8608 Total </div>	310202100001000	5020101000	1,000.00		
				1,000.00		
A.	Certified:		B.	Certified:		
	Charges to appropriation/ allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal			Allotment available and obligated for the purpose/adjustment necessary as indicated above		
Signature :			Signature :			
Printed Name :	JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS		Printed Name	LEONORA A. ANIEL		
Position :	Chief - Local Health Support Division		Position	BUDGET OFFICER III		
	Head Requesting Office / Authorized Representative			Head, Budget Unit / Authorized Representative		
Date :			Date	02/12/2019		
C.	STATUS OF OBLIGATION					
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
01/18/2019	Obligation	02 - 102101 - 2019-01 - 124	1,000.00			
	Totals		1,000.00			


OBLIGATION REQUEST AND STATUS

 <p>Republic of Philippines Department of Health Central Visayas Center for Health Development Central Visayas, Osmeña Blvd. Cebu City</p>			No : 02 - 102101 - 2019-01 - 125			
			Date : 01/18/2019			
			Fund : 02- 102101			
Payee		GIEFRED REGNER, ET AL				
Office		Department of Health				
Address		BOHOL				
Responsibility Center	Particulars	MFO/PAP	UACS Code/ Expenditure	Amount		
2018 PHM CONAP	TO OBLIGATE REIMBURSEMENT OF TRAVELLING EXPENSES INCURRED WHILE ON OFFICIAL TRAVEL TO CEBU CITY LAST DEC. 14, 2018, IN THE AMOUNT OF PO No. PR No. DV No. T12-8606 Total	310301100001000				
A. Certified:		B. Certified:				
Charges to appropriation/ allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal		Allotment available and obligated for the purpose/adjustment necessary as indicated above				
Signature :		Signature :				
Printed Name : JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS		Printed Name : LEONORA A. ANIEL				
Position : Chief - Local Health Support Division		Position : BUDGET OFFICER III				
Head Requesting Office / Authorized Representative		Head, Budget Unit / Authorized Representative				
Date :		Date : 02/12/2019				
C. STATUS OF OBLIGATION						
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
01/18/2019	Obligation	02 - 102101 - 2019-01 - 125				
	Totals					


OBLIGATION REQUEST AND STATUS

 <p>Republic of Philippines Department of Health Central Visayas Center for Health Development Central Visayas, Osmeña Blvd. Cebu City</p>			No : 02 - 102101 - 2019-01 - 126			
			Date : 01/18/2019			
			Fund : 02- 102101			
Payee	LETECIA YECYEC, ET AL					
Office	Department of Health					
Address	BOHOL					
Responsibility Center	Particulars	MFO/PAP	UACS Code/ Expenditure	Amount		
2018 PHM CONAP	TO OBLIGATE REIMBURSEMENT OF TRAVELLING EXPENSES INCURRED WHILE ON OFFICIAL TRAVEL FOR THE MONTH OF NOVEMBER AND DECEMBER 2018, IN THE AMOUNT OF PO No. PR No. DV No. T12-8607 Total	310301100001000				
A. Certified:		B. Certified:				
Charges to appropriation/ allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal		Allotment available and obligated for the purpose/adjustment necessary as indicated above				
Signature :		Signature :				
Printed Name : JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS		Printed Name : LEONORA A. ANIEL				
Position : Chief - Local Health Support Division		Position : BUDGET OFFICER III				
Head Requesting Office / Authorized Representative		Head, Budget Unit / Authorized Representative				
Date :		Date : 02/12/2019				
C. STATUS OF OBLIGATION						
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
01/18/2019	Obligation	02 - 102101 - 2019-01 - 126				
	Totals					


OBLIGATION REQUEST AND STATUS

 <div style="text-align: center;"> Republic of Philippines Department of Health Central Visayas Center for Health Development Central Visayas, Osmeña Blvd. Cebu City </div>		No :		02 - 102101 - 2019-01 - 127	
		Date :		01/18/2019	
		Fund :		02- 102101	
Payee	TONEE ROSE PIL				
Office	Department of Health				
Address	ARGAO, CEBU				
Responsibility Center	Particulars	MFO/PAP	UACS Code/ Expenditure		Amount
2018 HRH - DEP CONAP	TO OBLIGATE REIMBURSEMENT OF TRAVELLING EXPENSES INCURRED WHILE ON OFFICIAL TRAVEL TO CEBU CITY LAST NOV. 24, 2018, IN THE AMOUNT OF	310202100001000			
	PO No. DV No. T12-8466	PR No. Total			
A.	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		
Position :	Chief - Local Health Support Division		Position		
	Head Requesting Office / Authorized Representative		Head, Budget Unit / Authorized Representative		
Date :			Date		
			02/12/2019		
C.	STATUS OF OBLIGATION				
Reference			Amount		
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due
01/18/2019	Obligation	02 - 102101 - 2019-01 - 127			
		Totals			


OBLIGATION REQUEST AND STATUS

 <p>Republic of Philippines Department of Health Central Visayas Center for Health Development Central Visayas, Osmeña Blvd. Cebu City</p>			No : 02 - 102101 - 2019-01 - 128			
			Date : 01/22/2019			
			Fund : 02- 102101			
Payee		MARIA CHONA M. SINGCO				
Office		Department of Health				
Address		CEBU CITY				
Responsibility Center	Particulars	MFO/PAP	UACS Code/ Expenditure	Amount		
2018 HRH - DEP CONAP	TO OBLIGATE TRAVEL EXPENSES WHILE ATTENDING A SHORT FILM LAUNCHING AT MANDALUYONG MANILA ON 13 DEC 18	310202100001000	5020101000	1,450.00		
	PO No. PR No. DV No. T12-8612					
	Total			1,450.00		
A.	Certified:		B.	Certified:		
	Charges to appropriation/ allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal			Allotment available and obligated for the purpose/adjustment necessary as indicated above		
Signature :			Signature :			
Printed Name :	JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS		Printed Name	LEONORA A. ANIEL		
Position :	Chief - Local Health Support Division		Position	BUDGET OFFICER III		
	Head Requesting Office / Authorized Representative			Head, Budget Unit / Authorized Representative		
Date :			Date	02/12/2019		
C.	STATUS OF OBLIGATION					
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
01/22/2019	Obligation	02 - 102101 - 2019-01 - 128	1,450.00		1,450.00	
	Totals		1,450.00			

OBLIGATION REQUEST AND STATUS

 <div style="text-align: center;"> Republic of Philippines Department of Health Central Visayas Center for Health Development Central Visayas, Osmeña Blvd. Cebu City </div>			No : 02 - 102101 - 2019-01 - 129 Date : 01/22/2019 Fund : 02- 102101			
Payee	HENRY NICHOLSON C. LABAJO					
Office	Department of Health					
Address	BOHOL					
Responsibility Center	Particulars	MFO/PAP	UACS Code/ Expenditure	Amount		
2018 HRH - DEP CONAP	TO OBLIGATE TRAVEL EXPENSE INCURRED LAST NOVEMBER 5-7 2018 AT SARROSA HOTEL CEBU CITY	310202100001000	5020101000	1,660.00		
	PO No. _____ PR No. _____ DV No. T12-8605 Total			1,660.00		
A.	Certified:	B.	Certified:			
	Charges to appropriation/ allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal		Allotment available and obligated for the purpose/adjustment necessary as indicated above			
Signature :		Signature :				
Printed Name :	JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS	Printed Name	LEONORA A. ANIEL			
Position :	Chief - Local Health Support Division	Position	BUDGET OFFICER III			
	Head Requesting Office / Authorized Representative		Head, Budget Unit / Authorized Representative			
Date :		Date	02/12/2019			
C.	STATUS OF OBLIGATION					
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
01/22/2019	Obligation	02 - 102101 - 2019-01 - 129	1,660.00			
		Totals	1,660.00			

OBLIGATION REQUEST AND STATUS

 <p>Republic of Philippines Department of Health Central Visayas Center for Health Development Central Visayas, Osmeña Blvd. Cebu City</p>			No : 02 - 102101 - 2019-01 - 130			
			Date : 01/22/2019			
			Fund : 02- 102101			
Payee	ROWENA C. QUILAB					
Office	Department of Health					
Address	CEBU CITY					
Responsibility Center	Particulars	MFO/PAP	UACS Code/ Expenditure	Amount		
SAA# 2018-03-0309 CONAP	TO OBLIGATE THE TRAVEL EXPENSE TO CEBU CITY TO ATTEND THE SYSTEM THINKING WORKSHOP AT SARROSA INTERNATIONAL HOTEL DECEMBER 4-25,2018	310201100003000	5020101000	1,795.00		
	PO No. _____ PR No. _____ DV No. T12-8585 Total			1,795.00		
A.	Certified:		B.	Certified:		
	Charges to appropriation/ allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal			Allotment available and obligated for the purpose/adjustment necessary as indicated above		
Signature :			Signature :			
Printed Name :	JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS		Printed Name	LEONORA A. ANIEL		
Position :	Chief - Local Health Support Division		Position	BUDGET OFFICER III		
	Head Requesting Office / Authorized Representative			Head, Budget Unit / Authorized Representative		
Date :			Date	02/12/2019		
C.	STATUS OF OBLIGATION					
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
01/22/2019	Obligation	02 - 102101 - 2019-01 - 130	1,795.00			
	Totals		1,795.00			