JALIC O THE PHILLY	· A		Republic of Philippines			No :	02 - 10	2101 - 2019-01 - 119
W Company	NES*		Department of Health			Date :		01/18/2019
THE PARTY OF THE P	15 To	Centra	l Visayas Center for Health De	velopment		Fund :		02- 102101
WENT 0		Cen	tral Visayas, Osmeña Blvd. Ce	bu City				
Paye	e	KAREN PACA	ATANG	-				
Offic	e	Department o	of Health					
Addre	ss	SEVILLA, BO	HOL					
Responsibilit	ty Center		Particulars	MFO/P	PAP		Code/ nditure	Amount
SAA# 2018- CONA		TRAVELLING ON OFFICIAL	E REIMBURSEMENT OF EXPENSES INCURRED WHILE TRAVEL TO CEBU CITY LAST 018, IN THE AMOUNT OF		004000	5020101000		1,520.00
		PO No.	PR No.					
		DV No. T12-85	593 Tot	al				1,520.00
Α.	Certified:			В.	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 oblig oove	ated for the purp	ose/adjustment necessary as
Signature : Printed Name :				Signature :				Aurei
				Printed Name Position			EONORA A. AI	
Position :				Position		ВС	JDGET OFFIC	EK III
		Head Requesting O	ffice / Authorized Representative			Head, Budget	t Unit / Authorized	d Representative
Date :				Date			02/12/2019	
C.			ST	ATUS OF OBLIGA	ATION			
		Referen	ce			Amo	ount	
Date	P	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable
	1							
01/18/2019	OI	oligation	02 - 102101 - 2019-01 - 119	1,520.00				

SBLICOMPHILIA			Republic of	Philippines			No :	02 - 10	2101 - 2019-01 - 120
A STATE OF THE STA	WES.		Departmer	nt of Health			Date :		01/18/2019
ER PARTIES NO.	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	lopment		Fund :		02- 102101
MENT		Cen	tral Visayas, Osr	neña Blvd. Ceb	u City				
Paye	e	DAVILYN AG	UR						
Office	е	Department of	of Health						
Addre	ss	CEBU CITY							
Responsibilit	y Center		Particulars		MFO/P.	AP		Code/ nditure	Amount
2018 PHM (CONAP	TRAVELLING ON OFFICIAL LAST DEC. 10	E REIMBURSEME EXPENSES INCU TRAVEL TO TAG 11, 2018, IN THI	JRRED WHILE BILARAN CITY	3103011000	001000	00 5020101000 1,08		
		PO No.	PR No.	-					4 000 06
<u> </u>	Certified:	DV No. T12-8	586	Total	В.	Certified:			1,080.00
А.		appropriation/ allotm and supporting doc	ent necessary, lawful ar uments valid, proper an	nd under my direct d legal	Б.		vailable and oblig	ated for the purp	pose/adjustment necessary as
Signature :					Signature :				
Printed Name :	JO	NATHAN NEIL V	. ERASMO, MD, MP	PH, FPSMS	Printed Name		LE	ONORA A. A	NIEL
Position :		Chief - Local	Health Support Div	ision	Position		BUDGET OFFICER III		
		Head Requesting O	office / Authorized Repre	sentative			Head, Budge	t Unit / Authorize	ed Representative
Date :					Date			02/12/2019)
С.				STAT	US OF OBLIGA	TION			
	ı	Referen	ce				Am	ount	T
Date	P	articulars	ORS/JEV/RC	I/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable
01/18/2019	Ol	oligation	02 - 102101 - 2	2019-01 - 120	1,080.00				

1,080.00

Totals

SBLIC OF PHILL	de la companya de la		Republic of Philippines	;			No :	02 - 10	2101 - 2019-01 - 121
W Company	WES.		Department of Health				Date :		01/18/2019
THE PART OF P	E STATE OF THE STA	Centra	l Visayas Center for Health D	eve	lopment		Fund :		02- 102101
OEN!		Cen	tral Visayas, Osmeña Blvd. C	Cebu	ı City				
Paye	e	MYRA LEON	ORA SALVALEON						
Offic	e	Department of	of Health						
Addre	ss	BOHOL							
Responsibili	ty Center		Particulars		MFO/P	AP	UACS Exper	Code/ diture	Amount
2018 PHM	CONAP	TRAVELLING ON OFFICIAL	E REIMBURSEMENT OF EXPENSES INCURRED WHII TRAVEL TO CEBU CITY LAS 8, IN THE AMOUNT OF		3103011000	001000	5020101000 2,08		
		DV No. T12-8		otal					2,085.00
Α.	Certified:			-	В.	Certified	d:		
	Charges to supervision:	appropriation/ allotm ; and supporting doc	nent necessary, lawful and under my direc uments valid, proper and legal	ct		Allotment indicated	available and oblig above	ated for the purp	oose/adjustment necessary as
Signature :	•			ł	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	BUDGET OFFICER III			ER III
		Head Requesting C	Office / Authorized Representative				Head, Budget	Unit / Authorize	d Representative
Date :					Date			02/12/2019	
C.			5	STAT	US OF OBLIGA	TION			
		Referen	ice				Amo	ount	Γ
Date	P	articulars	ORS/JEV/RCI/RADAI No.		Obligation		Payment	Not Yet Due	Due and Demandable
01/18/2019	OI	bligation	02 - 102101 - 2019-01 - 121		2,085.00				
	İ								

2,085.00

Totals

SBLIC - PHILIP	8		Republic of Philippines			No :	02 - 102	2101 - 2019-01 - 122
A STATE OF THE STA	NES .		Department of Health			Date :		01/18/2019
GREAT TO SERVICE AND ADDRESS OF THE PARTY OF	N. C.	Centra	l Visayas Center for Health Dev	elopment		Fund :		02- 102101
WENT OF		Cen	tral Visayas, Osmeña Blvd. Ce	ou City				
Paye	<u>е</u>	KAY CARINA						
Offic		Department of	of Health					
Addre	ss	CEBU CITY						
Responsibilit	y Center		Particulars	MFO/P	'AP	UACS Expen		Amount
SAA# 2018- CONA	Certified:	TRAVELLING ON OFFICIAL FOR THE MO THE AMOUNT PO No.	PR No.		Certified:	fied: ent available and obligated for the purpose/adjustment ne		1,042.00
Signature ·	supervision,	and supporting doc	umenis valio, proper and legal	Signature :	indicated ab	love		
Signature : Printed Name :	OL.	NATHAN NEIL V	. ERASMO, MD, MPH, FPSMS	Printed Name		I F	ONORA A. AN	NIEL
Position :	10		Health Support Division	Position		BUDGET OFFICER		
		Head Requesting O	ffice / Authorized Representative			Head, Budget	Unit / Authorized	Representative
Date .				Date	<u> </u>		02/12/2019	
	1			ATUS OF OBLIGA	ATION			
	Reference				Amo	unt T		
	<u>'</u>	Referen		1			I	
Date : C. Date	Pi	Referen articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable
C.				Obligation 1,042.00		Payment	Not Yet Due	

Payee Office Address Responsibility Cente SAA# 2018-03-053 CONAP A. Certific Charges supervis	TO OBLIGATI TRAVELLING ON OFFICIAL FOR THE MO THE AMOUNT PO No. DV No. T12-8	Particulars E REIMBURSEMENT OF E EXPENSES INCURRED WHILE TRAVEL TO CEBU PROVINCE INTH OF DECEMBER 2018, IN T OF PR No.	MFO/PAF 32010110000	Expen	Code/	01/18/2019 02- 102101 Amount 4,460.00
Office Address Responsibility Center SAA# 2018-03-053* CONAP	TO OBLIGATI TRAVELLING ON OFFICIAL FOR THE MO THE AMOUNT PO No. DV No. T12-8	PR No.	MFO/PAF 32010110000	y UACS Expen	Code/ nditure	Amount 4,460.00
Office Address Responsibility Center SAA# 2018-03-053* CONAP	STEVEN RITZ Department of CEBU CITY ter 37 TO OBLIGATI TRAVELLING ON OFFICIAL FOR THE MO THE AMOUNT PO No. DV No. T12-8	Particulars E REIMBURSEMENT OF EXPENSES INCURRED WHILE TRAVEL TO CEBU PROVINCE INTH OF DECEMBER 2018, IN T OF PR No.	MFO/PAF 32010110000	Expen	nditure	4,460.00
Office Address Responsibility Center SAA# 2018-03-053* CONAP	TO OBLIGATI TRAVELLING ON OFFICIAL FOR THE MO THE AMOUNT PO No. DV No. T12-8	Particulars E REIMBURSEMENT OF EXPENSES INCURRED WHILE TRAVEL TO CEBU PROVINCE ONTH OF DECEMBER 2018, IN T OF	32010110000	Expen	nditure	4,460.00
Office Address Responsibility Center SAA# 2018-03-053* CONAP	ter TO OBLIGATI TRAVELLING ON OFFICIAL FOR THE MO THE AMOUNT PO No. DV No. T12-8	Particulars E REIMBURSEMENT OF E EXPENSES INCURRED WHILE TRAVEL TO CEBU PROVINCE INTH OF DECEMBER 2018, IN T OF PR No.	32010110000	Expen	nditure	4,460.00
Responsibility Center SAA# 2018-03-053 CONAP	TO OBLIGATI TRAVELLING ON OFFICIAL FOR THE MO THE AMOUNT PO No. DV No. T12-8	E REIMBURSEMENT OF EXPENSES INCURRED WHILE TRAVEL TO CEBU PROVINCE ONTH OF DECEMBER 2018, IN T OF	32010110000	Expen	nditure	4,460.00
SAA# 2018-03-053 CONAP	TO OBLIGATI TRAVELLING ON OFFICIAL FOR THE MO THE AMOUNT PO No. DV No. T12-8	E REIMBURSEMENT OF EXPENSES INCURRED WHILE TRAVEL TO CEBU PROVINCE ONTH OF DECEMBER 2018, IN T OF	32010110000	Expen	nditure	4,460.00
CONAP A. Certific	PO No. DV No. T12-8	E EXPENSES INCURRED WHILE TRAVEL TO CEBU PROVINCE INTH OF DECEMBER 2018, IN T OF	I	1000 50201	01000	
	es to appropriation/ allotm rision; and supporting doc	nent necessary, lawful and under my direct cuments valid, proper and legal	AI	ertified: lotment available and obligations above	gated for the purpor	se/adjustment necessary as
Signature :			Signature :			
Printed Name :	JONATHAN NEIL V	/. ERASMO, MD, MPH, FPSMS	Printed Name	LE	EONORA A. AN	IIEL
Position :	Chief - Local	Health Support Division	Position	BU	JDGET OFFICE	R III
	Head Requesting C	Office / Authorized Representative		Head, Budget	t Unit / Authorized	Representative
Date :			Date		02/12/2019	
C.		STA	TUS OF OBLIGATION	ON		
	Referer	nce		Amo	ount	
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			
-			1	1		

SBLIC PHILIA	*		Republic of Philippines			No :	02 - 102	2101 - 2019-01 - 124
W 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 WAY	15 m	Centra	l Visayas Center for Health Dev	elopment		Fund :		02- 102101
MENT		Cen	tral Visayas, Osmeña Blvd. Cel	ou City				
Paye	e	MIGUELA CA	HAYAG					
Office	е	Department of	of Health					
Addres	ss	LILA, BOHOL	•	_				
Responsibility	y Center		Particulars	MFO/P	ΆΡ	UACS Expen	Code/ diture	Amount
2018 HRH CONA	Certified:	PO No. DV No. T12-86			Certified:	fied:		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	/ailable and oblig: love	ated for the purpo	sse/adjustment necessary as
Signature : Printed Name :			FDAOMO MD MEU FROMO	Signature :			ONODA A	.uei
Printed Name : Position :	JO		. ERASMO, MD, MPH, FPSMS	Printed Name Position			ONORA A. AN	
r dollori :		Ciliei - Local	Health Support Division	T COMOT			IDGET OFFICE	-N III
		Head Requesting O	ffice / Authorized Representative			Head, Budget	Unit / Authorized	I Representative
Date :				Date			02/12/2019	
C.				ATUS OF OBLIGA	ATION			
		Referen	ce			Amo	ount	
	D.	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable
Date						ļ		
Date 01/18/2019		oligation	02 - 102101 - 2019-01 - 124	1,000.00				

STALIC PHILLI	a a a a a a a a a a a a a a a a a a a		Republic of Philippines			No :	No : 02 - 102101 - 2019-01 - 12		
R. R	ES · /		Department of Health			Date :		01/18/2019	
THE PART OF L	E STATE OF THE STA	Centra	l Visayas Center for Health Deve	elopment		Fund :		02- 102101	
- LNI		Cen	tral Visayas, Osmeña Blvd. Ceb	u City					
Paye	е	GIEFRED RE	GNER, ET AL						
Offic	е	Department of	of Health						
Addre	ss	BOHOL							
Responsibilit	ty Center		Particulars	MFO/P	PAP		Code/ nditure	Amount	
2018 PHM (Certified:	PO No. DV No. T12-8	PR No. 606 Total Tent necessary, lawful and under my direct uments valid, proper and legal	310301100	Certified:	available and obligated for the purpose/adjustment necessa		ose/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		BU	IDGET OFFIC	ER III	
		Head Requesting C	office / Authorized Representative			Head, Budget	t Unit / Authorized	d Representative	
Date :				Date			02/12/2019		
C.			STA	TUS OF OBLIGA	ATION				
		Referen	ce			Amo	ount		
Date	P	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable	
01/18/2019	OI	bligation	02 - 102101 - 2019-01 - 125						
		_							
	1		Totals						

SIGNIC PHILI	A PARTIE		Republic of Philippines			No :	02 - 10	2101 - 2019-01 - 126
\$ (#)	ES * H		Department of Health			Date :		01/18/2019
THE THENT OF Y	No.	Centra	l Visayas Center for Health Deve	elopment		Fund :		02- 102101
		Cen	tral Visayas, Osmeña Blvd. Ceb	u City				
Paye	e	LETECIA YEO	CYEC, ET AL					
Offic	e	Department of	f Health					
Addre	ss	BOHOL		_				
Responsibili	ty Center		Particulars	MFO/P	AP		Code/ nditure	Amount
2018 PHM	Certified:	PO No. DV No. T12-86		310301100 B.	Certified:	available and obligated for the purpose/adjustment nece		
	Charges to supervision	appropriation/ allotm ; and supporting doc	ent necessary, lawful and under my direct uments valid, proper and legal		Allotment av indicated ab	railable and obliç ove	gated for the purp	ose/adjustment necessary as
Signature :				Signature :				
Printed Name :	JO	NATHAN NEIL V	. ERASMO, MD, MPH, FPSMS	Printed Name		L	EONORA A. A	NIEL
Position :		Chief - Local	Health Support Division	Position		В	JDGET OFFIC	ER III
		Head Day 12 C	Was Andharina Dana			Head D. :	Alleit / A. d.	d Danasa satati
Date :		Head Requesting C	ffice / Authorized Representative	Date		Head, Budge		d Representative
C.			074	1	TION		02/12/2019	<u> </u>
U.	1	Referen		TUS OF OBLIGA	TION	Δm	ount	
Date	P	articulars	ORS/JEV/RCI/RADAI No.	Obligation	1	Payment	Not Yet Due	Due and Demandable
01/18/2019	OI	bligation	02 - 102101 - 2019-01 - 126					
			Totals					

SBLIC MPHILIA	8		Republic of Philippines			No :	02 - 10	2101 - 2019-01 - 127
A STATE OF THE STA	NES 'H		Department of Health			Date :		01/18/2019
PART OF H	3	Centra	Visayas Center for Health Deve	lopment		Fund :		02- 102101
		Cen	tral Visayas, Osmeña Blvd. Ceb	u City				
Paye	•	TONEE ROSE	PIL					
Office	•	Department o	f Health					
Addres	ss	ARGAO, CEB	U	<u> </u>				
Responsibility	y Center		Particulars	MFO/P/	ΔP		UACS Code/ Expenditure Amou	
2018 HRH CONA	P	TRAVELLING ON OFFICIAL	E REIMBURSEMENT OF EXPENSES INCURRED WHILE TRAVEL TO CEBU CITY LAST B, IN THE AMOUNT OF PR No. 166 Total	3102021000		rtified: streent available and obligated for the purpose/adjustment necess.		
Α.	Certified:			В.	Certified:			
Signature :	supervision;	and supporting doc	ent necessary, lawful and under my direct uments valid, proper and legal	Signature :	indicated ab	valiable and obligi	ated for the purp	oseraujusiilielii ilecessary as
Printed Name :	JO	NATHAN NEIL V	. ERASMO, MD, MPH, FPSMS	Printed Name		LE	ONORA A. A	NIEL
Position :			Health Support Division	Position	BUDGET OFFICER III			
		Head Requesting O	ffice / Authorized Representative	_		Head, Budget	Unit / Authorize	d Representative
Date :				Date			02/12/2019	
C.		D-4		TUS OF OBLIGA	IION	Α	n4	
		Referen	c e			Amo	ount	
Date	Pa	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable
01/18/2019	Ob	oligation	02 - 102101 - 2019-01 - 127		\perp			
			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
A REAL PROPERTY OF THE PROPERT	ES · /		Department of Health			Date :		01/22/2019
THE PART OF LEASE	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 of	of Health					
Addre	ss	CEBU CITY		1				
Responsibilit	y Center		Particulars	MFO/P	AP		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
		PO No. DV No. T12-86	PR No. 612 Total					1,450.00
Α.	Certified:			B.	Certified:			
	Charges to supervision;	appropriation/ allotm;; and supporting doc	ent necessary, lawful and under my direct uments valid, proper and legal		indicated ab	/allable and oblig	ated for the purp	as as a same as a sa
Signature : Printed Name :	10	NATHAN NEIL V	'. ERASMO, MD, MPH, FPSMS	Signature : Printed Name		1.5	ONORA A. A	NIEI
Position :	30		Health Support Division	Position			JDGET OFFIC	
		Onior Eddar	Todali Gupport Stridion				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Zerv III
		Head Requesting O	ffice / Authorized Representative			Head, Budget	t Unit / Authorize	d Representative
Date :				Date			02/12/2019	
C			STA	TUS OF OBLIGA	TION			
		Referen	ce			Amo	ount	T
Date	P	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable
01/22/2019	OI	bligation	02 - 102101 - 2019-01 - 128	1,450.00			1,450.00	
	1		Totals	1 450 00	1		1	

SBLIC PHILI,	8		Republic of Philippines			No :	02 - 10	2101 - 2019-01 - 129
A CONTRACTOR OF THE PROPERTY O	WES.		Department of Health			Date :		01/22/2019
THE PARTY OF THE P	THE STATE OF THE S	Centra	l Visayas Center for Health Dev	elopment		Fund :		02- 102101
VENT		Cen	tral Visayas, Osmeña Blvd. Ceb	ou City				
Paye	e	HENRY NICH	OLSON C. LABAJO					
Offic	e	Department of	of Health					
Addre	ss	BOHOL						
Responsibilit	ty Center		Particulars	MFO/P	AP	UACS Exper	Code/ nditure	Amount
2018 HRH CONA		INCURRED L	E TRAVEL EXPENSE AST NOVEMBER 5-7 2018 AT OTEL CEBU CITY PR No.	310202100	001000	5020101000		1,660.00
		DV No. T12-86		ı				1,660.00
Α.	Certified:			В.	Certified:	l		,
	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 oblig	ated for the purp	ose/adjustment necessary as
Signature :	İ			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		BU	JDGET OFFIC	ER III
		Head Requesting C	Office / Authorized Representative			Head, Budget	t Unit / Authorized	d Representative
Date :				Date			02/12/2019	
C.			STA	TUS OF OBLIGA	TION			
		Referen	ce			Amo	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 - 129	1,660.00				

SIGNIC - PHILL	·		Republic of Philippines			No :	02 - 102	2101 - 2019-01 - 130
H H	NES*		Department of Health			Date :		01/22/2019
ER PA	TE STATE OF THE ST	Centra	I Visayas Center for Health De	velopment		Fund :		02- 102101
MENT 0		Cen	tral Visayas, Osmeña Blvd. Ce	bu City				
Paye	e	ROWENA C.						
Offic		Department of						
Addre	ss	CEBU CITY						
Responsibilit	ty Center		Particulars	MFO/P	PAP	UACS (Expend		Amount
SAA# 2018- CON <i>A</i>		CEBU CITY TO THINKING WO	PR No.	310201100	Certified:			1,795.00
	Charges to supervision;	appropriation/ allotm and supporting doc	ent necessary, lawful and under my direct uments valid, proper and legal		Allotment avindicated ab	vailable and obliga pove	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	NEL
Position :		Chief - Local	Health Support Division	Position		BUI	DGET OFFICE	ER III
		Head Requesting O	ffice / Authorized Representative			Head Rudget	Unit / Authorized	Representative
	 	ricau requesting O	moo , Authorized Representative	Date	1	rieau, buuget	02/12/2019	Representative
Date :	1			ATUS OF OBLIGA	ATION		JEI 1212013	
			ST					
		Referen				Amo	unt	
Date : C. Date	P	Referen articulars		Obligation		Amo	Not Yet Due	Due and Demandable
C.			се					