SBLIC OF THE PHILLIA			Republic	of Philippines			No :	02 - 10	2101 - 2019-01 - 122		
W STATE OF THE STA	NES '		Departm	ent of Health			Date :	Date : 01/18			
THE PARTY OF THE P	<b>E</b>	Centra	l Visayas Cente	er for Health Deve	lopment		Fund :		02- 102101		
VENT S		Cen	tral Visayas, O	smeña Blvd. Ceb	u City						
Paye	е	KAY CARINA	ANG								
Office	Э	Department of	f Health								
Addre	ss	CEBU CITY									
Responsibilit	y Center		Particulars		MFO/P	AP	UACS Exper	Code/ nditure	Amount		
SAA# 2018- CONA		TO OBLIGATE REIMBURSEMENT OF TRAVELLING EXPENSES INCURRED WHILE ON OFFICIAL TRAVEL TO CEBU PROVINCE FOR THE MONTH OF OCTOBER 2018, IN THE AMOUNT OF		CURRED WHILE EBU PROVINCE BER 2018, IN	3201011000	001000	5020101000 1,				
		PO No.	PR N								
•	Certified:	DV No. T12-86	609	Total	В.	Certified:			1,042.00		
А.		appropriation/ allotm and supporting doc	ent necessary, lawful uments valid, proper	and under my direct and legal	Б.		vailable and obligated for the purpose/adjustment necessary as				
Signature :	•				Signature :						
Printed Name :	JO	NATHAN NEIL V	. ERASMO, MD, I	MPH, FPSMS	Printed Name		LEONORA A. ANIEL				
Position :		Chief - Local	ivision	Position	ER III						
		Head Requesting O	ffice / Authorized Rep	presentative			Head, Budge	t Unit / Authorize	d Representative		
Date :		-	· · · · · · · · · · · · · · · · · · ·		Date			02/19/2019			
C				STA	US OF OBLIGA	TION					
		Referen	ce				Am	ount	T		
Date	P	articulars	ORS/JEV/F	RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable		
01/18/2019	Ol	oligation	02 - 102101	- 2019-01 - 122	1,042.00						

1,042.00

Totals

SIBLIC PHILL	4		Republic of Philippines			No :	02 - 102	2101 - 2019-01 - 123	
H H	NES*		Department of Health			Date :		01/18/2019	
ER PARTIES	THE STATE OF THE S	Centra	l Visayas Center for Health Dev	elopment		Fund :			
WENT 0		Cen	tral Visayas, Osmeña Blvd. Ce	bu City					
Paye	e	STEVEN RITZ	Z GONZALVE				-		
Offic		Department of	of Health						
Addre	ss	CEBU CITY							
Responsibilit	ty Center		Particulars	MFO/P	'AP	UACS ( Expend		Amount	
SAA# 2018- CONA A.	Certified:	TRAVELLING ON OFFICIAL FOR THE MO THE AMOUNT PO No.	PR No.				5020101000 4,4  vailable and obligated for the purpose/adjustment necessary		
Signature :				Signature :					
Printed Name :	JO	NATHAN NEIL V	. ERASMO, MD, MPH, FPSMS	Printed Name		LE	ONORA A. AN	IIEL	
Position :		Chief - Local	Health Support Division	Position		BUI	DGET OFFICE	ER III	
		Head Requesting O	ffice / Authorized Representative			Head Budget	Unit / Authorized	Representative	
		ricau iveduesiiiig O	moe / Authorized Nepleselitative	Date		i icau, Duuget	02/19/2019	representative	
Date :							JEI 1312013		
			ST.		TION				
		Referen		ATUS OF OBLIGA	ATION	Amo	unt		
Date : C.		Referen				Amo	unt Not Yet Due	Due and Demandable	
C.	Pi		се	ATUS OF OBLIGA		Ī			

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SBLIC OM PHILL			Republic of Philippines			No :	02 - 10	)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 :	Date : 01/18/201			
RED WENT OF	NEW YORK	Centra	l Visayas Center for Health De	velopment		Fund :		02- 102101		
		Cer	ntral Visayas, Osmeña Blvd. Ce	bu City						
Paye	e	MIGUELA CA	HAYAG							
Offic	e	Department of	of Health							
Addre	ss	LILA, BOHOL	_					1		
Responsibili	ty Center		Particulars	MFO/F	PAP		Code/ nditure	Amount		
2018 HRH CONA		TRAVELLING ON OFFICIAL	E REIMBURSEMENT OF E EXPENSES INCURRED WHILE L TRAVEL TO CEBU CITY LAST 2018, IN THE AMOUNT OF	310202100	0001000	5020101000		1,000.00		
	I	PO No. DV No. T12-8	PR No. 608 Tot		T			1,000.00		
Α.	Certified:			В.	Certified:	<ul> <li>available and obligated for the purpose/adjustment necessary</li> </ul>				
	supervision	appropriation/ allottr	nent necessary, lawful and under my direct cuments valid, proper and legal		indicated at	valiable and oblig pove	gated for the purp	pose/agjustment necessary as		
Signature :				Signature :						
Printed Name :	JO	NATHAN NEIL V	/. ERASMO, MD, MPH, FPSMS	Printed Name		LEONORA A. ANIEL				
Position :		Chief - Local	Health Support Division	Position	1	В	JDGET OFFIC	CER III		
		Head Requesting C	Office / Authorized Representative			Head, Budge	t Unit / Authorize	ed Representative		
Date :				Date	<u> </u>		02/19/2019	)		
C.				ATUS OF OBLIGA	ATION					
	1	Referen	nce T			Am	ount	1		
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 - 124	1,000.00						
l										
	1		1	1	1		1	i		

1,000.00

Totals

STALIC PHILL	S S S S S S S S S S S S S S S S S S S		Republic of Philippines			No : 02 - 102101 - 2019-01 - 12			
R. R	ES · /		Department of Health			Date :		01/18/2019	
TO 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							
Responsibili	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:	vailable and oblig	ated for the purp	ose/adjustment necessary as	
Signature :	-			Signature :					
Printed Name :	Jo	NATHAN NEIL V	. ERASMO, MD, MPH, FPSMS	Printed Name		LEONORA A. ANIEL			
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			02/19/2019		
C.				TUS OF OBLIGA	ATION				
	_	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	bligation	02 - 102101 - 2019-01 - 125						
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	1		<b> </b>	+			<b></b>		

STALIC PHILI	de la companya de la		Republic of Philippines			No : 02 - 102101 - 2019-01 -			
(#)	ES*H		Department of Health			Date :		01/18/2019	
THE THENT OF Y		Centra	l Visayas Center for Health Deve	elopment		Fund :		02- 102101	
		Cen	tral Visayas, Osmeña Blvd. Ceb	u City					
Paye	e	LETECIA YEC	CYEC, ET AL						
Offic	е	Department o	f Health						
Addre	ss	BOHOL							
Responsibili	ty Center		Particulars	MFO/P	AP		Code/ nditure	Amount	
2018 PHM	Certified:	PO No.  DV No. T12-86	PR No.	310301100	Certified:				
٩.	+		ent necessary lawful and under my direct	р.		vailable and oblid	nated for the num	ose/adjustment necessary as	
Signature :	supervision;	and supporting doc	ent necessary, lawful and under my direct uments valid, proper and legal	Signature :	indicated ab	oove	,	,	
Printed Name :	JO	NATHAN NEIL V	. ERASMO, MD, MPH, FPSMS	Printed Name		LEONORA A. ANIEL			
Position :		Chief - Local	Health Support Division	Position		BUDGET OFFICER III			
		Head Requesting O	ffice / Authorized Representative			Head, Budge	t Unit / Authorize	d Representative	
Date :		1	,	Date		,	02/19/2019	'	
C.			STA	TUS OF OBLIGA	TION				
		Referen				Am	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 - 126						
		. J	= 101111 1010 11 110		<del>-  </del>				
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BUCOMPHILIA			Republic of Philippines			No :	02 - 10	2101 - 2019-01 - 127
S S S S S S S S S S S S S S S S S S S	NES · H		Department of Health			Date :		01/18/2019
TO PAINENT OF HE	3	Centra	l Visayas Center for Health Deve	lopment		Fund :		02- 102101
		Cen	tral Visayas, Osmeña Blvd. Ceb	u City				
Paye	9	TONEE ROSE	PIL					
Office	•	Department o	f Health					
Addres	ss	ARGAO, CEB	U					
Responsibility	y Center		Particulars	MFO/P	AP		Code/ iditure	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. FOR No.	3102021000	001000			
A.	Certified:	D V 110. 112 0	100	В.	Certified:	1		
	Charges to a supervision;	appropriation/ allotm and supporting doc	ent necessary, lawful and under my direct uments valid, proper and legal		Allotment av indicated at	vailable and oblig oove	ated for the purp	ose/adjustment necessary as
Signature :				Signature :				
Printed Name :	JO	NATHAN NEIL V	. ERASMO, MD, MPH, FPSMS	Printed Name		LE	ONORA A. A	NIEL
Position :			Health Support Division	Position			DGET OFFIC	
		Head Requesting O	ffice / Authorized Representative			Head, Budge		d Representative
Date :				Date			02/19/2019	
C.				US 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					

ATTENDING A SHORT FILM LAUNCHING AT MANDALUYONG MANILA ON 13 DEC 18  PO No. PR No. DV No. T12-8612 Total 1,4  A. Certified: Charges to appropriation/ allotiment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal necessary and support necessary and s	STATE OF THE STATE	SOMES HIT		Republic of Philippines  Department of Health			02101 - 2019-01 - 128 01/22/2019		
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 MANDALLYONG MANILA ON 13 DEC 18  1,4  A. Certified: 1,4  Charges to appropriation' allotment necessary, iserful and under my direct supervision: sind supporting documents valid, proper and legal my direct supervision: sind supporting documents valid, proper and legal my direct supervision: Signature: JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS Printed Name LEONGRA. A NIEL Position: Chief - Local Health Support Division Position BUDGET OFFICER III  Date Particulars ORSUEV/RCM/RADAI No. Obligation Payment Not Yet Due Demandable of Demandable of Direct Additional Demandable of Direct Additio	PAPIMENT OF Y	EF			-		Fund :	Fund : 02- 10210	
Office   Department of Health   CEBU CITY			Cer	ntral Visayas, Osmeña Blvd. Cek	ou City				
Responsibility Center  Particulars  MFO/PAP  LACS Code/ Expenditure  Amount  2018 HRH - DEP CONAP  TO OBLIGATE TRAVEL EXPENSES WHILE ATTENDING A SHORT FILM LAUNCHING AT MANDALLYONG MANILA ON 13 DEC 18  PO No. DV No. T12-8612  Total  A. Certified: Charges to appropriation/ allotment necessary, lawful and under my direct Supervision, and supporting documents volid, proper and legal  Signature: Signature:  JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS Printed Name  Position: Chief - Local Health Support Division  Position:  Chief - Local Health Support Division  Position:  Reference  Date  Particulars  ORS/JEV/RCI/RADAI No. Obligation  Peyment Not Yet Due Densardable  1,48  Allotment available and obligated for the purpose/adjustment necessar indicated above  LEONORA A. ANIEL  B. Certified: Allotment available and obligated for the purpose/adjustment necessar indicated above  Amount  The Reference  Position BUDGET OFFICER III  Date  Particulars  ORS/JEV/RCI/RADAI No. Obligation  Peyment Not Yet Due Densardable  Dispensardable  Oli/22/2019  Obligation  Oli/22/2019  Obligation  O2 - 102101 - 2019-01 - 128  1,450.00	Paye	е	MARIA CHOI	NA M. SINGCO					
Responsibility Center  2018 HRH - DEP CONAP  TO OBLIGATE TRAVEL EXPENSES WHILE ATTENDING A SHORT FILM LAUNCHING A MANDALUYONG MANILA ON 13 DEC 18  PO No. DV No. T12-8612  Total  A.  Certified:  Charges to appropriational alloiment 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  LEONORA A. ANIEL  Position:  Chief - Local Health Support Division Position  Reference  ORS/JEV/RCI/RADAI No. Obligation Payment Not Yet Due Due and Demandable  O1/22/2019 Obligation O2 - 102101 - 2019-01 - 128  1,450.00  1,4  Allociment available and obligated for the purpose/adjustment necessar indicated above  Amount  1,4  A.  Certified:  Allociment available and obligated for the purpose/adjustment necessar indicated above  Allociment available and obligated for the purpose/adjustment necessar indicated above  Allociment available and obligated for the purpose/adjustment necessar indicated above  Allociment available and obligated for the purpose/adjustment necessar indicated above  Allociment available and obligated for the purpose/adjustment necessar indicated above  Allociment available and obligated for the purpose/adjustment necessar indicated above  Allociment available and obligated for the purpose/adjustment necessar indicated above  Allociment available and obligated for the purpose/adjustment necessar indicated above  Allociment available and obligated for the purpose/adjustment necessar indicated above  Allociment available and obligated for the purpose/adjustment necessar indicated above  Allociment available and obligated for the purpose/adjustment necessar indicated above  Allociment available and obligated for the purpose/adjustment necessar indicated above  1,44  A.  Certified:  Allociment available and obligated for the purpose/adjustment necessar indicated above  Allociment available and obligated for the purpose/adjustment necessar indicated above  1,44  A.  Certified:  Allociment av	Offic	е	Department of	of Health					
Amount  2018 HRH - DEP CONAP  TO OBLIGATE TRAVEL EXPENSES WHILE ATTENDING A SHORT FILM LAUNCHING AT MANDAL UY ONG MANILA ON 13 DEC 18  TO OBLIGATE TRAVEL EXPENSES WHILE ATTENDING A SHORT FILM LAUNCHING AT MANDAL UY ONG MANILA ON 13 DEC 18  TO OBLIGATE TRAVEL EXPENSES WHILE ATTENDING A SHORT FILM LAUNCHING AT MANDAL UY ONG MANILA ON 13 DEC 18  Total  A. Certified:  Charges to appropriation allotment necessary, lawful and under my direct supervision, and disporting documents valid, proper and legal indicated above indicate	Addre	ss	CEBU CITY		1				I
ATTENDING A SHORT FILM LAUNCHING AT MANDALUYONG MANILA ON 13 DEC 18  PO No. PR No. DV No. T12-8612 Total  A. Certified:  Charges to appropriation allowment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal  Signature:  Signature:  Signature:  Signature:  Signature:  Printed Name:  JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS Printed Name:  Chief - Local Health Support Division Position:  Chief - Local Health Support Division Position:  The data Requesting Office / Authorized Representative Date:  The data Re	Responsibilit	ty Center		Particulars	MFO/P	AP			Amount
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  Chief - Local Health Support Division  Chief - Local Health Support Division  Head Requesting Office / Authorized Representative  Date:  Date  Date  Particulars  ORS/JEV/RCI/RADAI No.  Obligation  Payment  Not Yet Due  Due and Demandable  O1/22/2019  Obligation  O2 - 102101 - 2019-01 - 128  1,450.00  Allotment available and obligated for the purpose/adjustment necessary.  Allotment available and obligated for the purpose/			ATTENDING	A SHORT FILM LAUNCHING AT	310202100	001000	5020101000		1,450.00
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  Chief - Local Health Support Division  Position:  Chief - Local Health Support Division  Head Requesting Office / Authorized Representative  Date:  Date  Date  Oz/19/2019  C.  STATUS OF OBLIGATION  Reference  Amount  Date  Particulars  ORS/JEV/RCI/RADAI No.  Obligation  Payment  Not Yet Due  Due and Demandable  O1/22/2019  Obligation  O2 - 102101 - 2019-01 - 128  1,450.00					1				1,450.00
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 02/19/2019  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	A.	Certified:	•		B.	Certified:	•		
Position:  Chief - Local Health Support Division  Position  BUDGET OFFICER III  Head, Budget Unit / Authorized Representative  Date: Date 02/19/2019  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	Allotment avindicated ab	oove		
Head Requesting Office / Authorized Representative		30		··	+				
Date :         Date         02/19/2019           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         Image: Color of the payment of th									
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         Image: Control of the con	_		Head Requesting (	Office / Authorized Representative	-		Head, Budget		•
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         □         □						TION		02/19/2019	)
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         Image: Control of the control of t	C.		Poforor		TUS OF OBLIGA	LION	۸ma	unt	
	Date	P			Obligation				
	01/22/2019	Oi	oligation	02 - 102101 - 2019-01 - 128	1,450.00			1,450.00	
Totals 1,450.00				Totala	1 450 00				

SPLICA			Republic of Philippines			No :	02 - 102	2101 - 2019-01 - 129	
H H H H H H H H H H H H H H H H H H H	MES.		Department of Health			Date :		01/22/2019	
THE WEST SHE	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 Dev	velopment		Fund :		02- 102101	
- CHI		Cen	tral Visayas, Osmeña Blvd. Ce	bu City					
Payee	e	HENRY NICH	OLSON C. LABAJO						
Office	е	Department of	of Health						
Addres	ss	BOHOL							
Responsibility	y Center		Particulars	MFO/P	ΆΡ	UACS Expen		Amount	
2018 HRH CONA		INCURRED LA	E TRAVEL EXPENSE AST NOVEMBER 5-7 2018 AT OTEL CEBU CITY	310202100	001000	50201	01000	1,660.00	
		PO No.	PR No.						
		DV No. T12-86	605 Tota		1			1,660.00	
	Certified:			В.	Certified:				
-	supervision;	appropriation/ allotm and supporting doc	ent necessary, lawful and under my direct uments valid, proper and legal		indicated ab	valiable and oblig	ated for the purpo	ose/adjustment necessary as	
Signature :				Signature :					
Printed Name : Position :	J0		. ERASMO, MD, MPH, FPSMS	Printed Name Position			ONORA A. AN		
1 OSILIOTT.		Ciliei - Local	Health Support Division	1 OSITION		60	DGET OFFICE	EK III	
		Head Requesting O	ffice / Authorized Representative			Head, Budget	Unit / Authorized	d Representative	
Date :				Date			02/19/2019		
C.			STA	ATUS OF OBLIGA	ATION				
		Referen	се			Amo	ount		
Date	P	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable	
Date				1					
01/22/2019	Ot	oligation	02 - 102101 - 2019-01 - 129	1,660.00					