




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 : 06 - 102101 - 2019-01 - 1 Date : 01/21/2019 Fund : 06- 102101 | | | |
| Payee | ARLENE F. GUBATON | | | | | |
| Office | Department of Health | | | | | |
| Address | CEBU CITY | | | | | |
| Responsibility Center | Particulars | MFO/PAP | UACS Code/ Expenditure | Amount | | |
| 2018 GAA CO - BHS | TO OBLIGATE REIMBURSEMENT OF TRAVELING EXPENSES WHILE OUT OF STATION ON OFFICIAL BUSINESS IN THE PROVINCE OF CEBU LAST DECEMBER 11-27, 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. T12-8619 Total </div> | 310201100002000 | | | | |
| 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 | 02/22/2019 | | |
| C. | STATUS OF OBLIGATION | | | | | |
| Reference | | | Amount | | | |
| Date | Particulars | ORS/JEV/RCI/RADA/ No. | Obligation | Payment | Not Yet Due | Due and Demandable |
| 01/21/2019 | Obligation | 06 - 102101 - 2019-01 - 1 | | | | |
| | | | | | | |
| | | 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 : <u>06 - 102101 - 2019-02 - 4</u> | | | |
| | | | Date : <u>02/01/2019</u> | | | |
| | | | Fund : <u>06- 102101</u> | | | |
| | | | | | | |
| Payee | LANDBANK OF THE PHILIPPINES | | | | | |
| Office | Department of Health | | | | | |
| Address | CEBU CITY | | | | | |
| Responsibility Center | Particulars | MFO/PAP | UACS Code/ Expenditure | Amount | | |
| 2018 GAA CO - BHS | TO OBLIGATE PAYMENT FOR FIRST REMUNERATION OF VARIOUS JOB ORDER PERSONNEL FOR THE PERIOD FROM JAN. 7-31, 2019, IN THE AMOUNT OF *cashcards PO No. PR No. DV No. T01-0069/0070 Total | 310201100002000 | | | | |
| 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 02/22/2019 | | | | |
| C. STATUS OF OBLIGATION | | | | | | |
| Reference | | | Amount | | | |
| Date | Particulars | ORS/JEV/RCI/RADAI No. | Obligation | Payment | Not Yet Due | Due and Demandable |
| 02/01/2019 | Obligation | 06 - 102101 - 2019-02 - 4 | | | | |
| | | | | | | |
| | Totals | | | | | |

OBLIGATION REQUEST AND STATUS

| | | | | | | | | |
|---|--------------------|---|--|-----------------|--------------------|--|--|--|
|  | | | <p align="center">Republic of Philippines</p> <p align="center">Department of Health</p> <p align="center">Central Visayas Center for Health Development</p> <p align="center">Central Visayas, Osmeña Blvd. Cebu City</p> | | | <p>No : 06 - 102101 - 2019-02 - 6</p> <p>Date : 02/04/2019</p> <p>Fund : 06- 102101</p> | | |
| Payee | | LANDBANK OF THE PHILIPPINES | | | | | | |
| Office | | Department of Health | | | | | | |
| Address | | CEBU CITY | | | | | | |
| Responsibility Center | | Particulars | | MFO/PAP | | UACS Code/ Expenditure | | |
| 2018 GAA CO - BHS | | TO OBLIGATE PAYMENT FOR FIRST REMUNERATION OF VARIOUS JOB ORDER PERSONNEL (BATCH 2) FOR THE PERIOD FROM JAN. 16-31, 2019, IN THE AMOUNT OF | | 310201100002000 | | | | |
| | | PO No. PR No. DV No. T02-0097 Total | | | | | | |
| 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 | | 02/22/2019 | | |
| C. | | STATUS OF OBLIGATION | | | | | | |
| Reference | | | | Amount | | | | |
| Date | Particulars | ORS/JEV/RCI/RADAI No. | Obligation | Payment | Not Yet Due | Due and Demandable | | |
| 02/04/2019 | Obligation | 06 - 102101 - 2019-02 - 6 | | | | | | |
| | | | | | | | | |
| | 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 : | | 06 - 102101 - 2019-02 - 10 | | |
| | | Date : | | 02/12/2019 | | |
| | | Fund : | | 06- 102101 | | |
| | | | | | | |
| Payee | LANDBANK OF THE PHILIPPINES | | | | | |
| Office | Department of Health | | | | | |
| Address | CEBU CITY | | | | | |
| Responsibility Center | Particulars | MFO/PAP | UACS Code/ Expenditure | Amount | | |
| 2018 GAA CO - BHS | TO OBLIGATE FIRST PAYMENT OF RENUMERATION OF VARIOUS JOB ORDER PRSONNEL FOR THE PERIOD FEBUARY 7- 15,2019 IN THE AMOUNT OF | 310201100002000 | | | | |
| | PO No. | PR No. | | | | |
| | DV No. T02-0197 | Total | | | | |
| 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 | 02/22/2019 | | |
| C. | STATUS OF OBLIGATION | | | | | |
| Reference | | | Amount | | | |
| Date | Particulars | ORS/JEV/RCI/RADA! No. | Obligation | Payment | Not Yet Due | Due and Demandable |
| 02/12/2019 | Obligation | 06 - 102101 - 2019-02 - 10 | | | | |
| | | | | | | |
| | Totals | | | | | |