STMENT OF	SETMENT OF HE		Republic of Philippines			No :	No : 01 - 01101101 - 2018-11			
N N N N N N N N N N N N N N N N N N N	Ē	CEN	NTER for HEALTH DEVELOPME	NT VII		Date :		11/30/2018		
THE TOWNS TO LEAD STORY OF THE PARTY OF THE			Regional Office 7			Fund :		01-01101101		
WAL OFFI		Cen	tral Visayas, Osmeña Blvd. Cel	ou City						
Paye	e	STO-PS	-	<u> </u>						
Office		Department of	f Health							
Addre	ss							ı		
Responsibilit	y Center		Particulars	MFO/P	'AP	UACS Exper		Amount		
STO-P	PS .	to obligate all	transaction from January to	200000100	002000	50101	01001			
501		November 20	10			50102	01001			
						5010202000				
						5010203001				
						50102	04001			
						50102	05003			
						50102	06004			
				50102	11005					
		PO No.	PR No.							
		DV No. 2018-0	0005 Tota		I					
Α.	A. Certified: Charges to appropriation/ allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal		В.	Allotment avindicated ab	vailable and oblig	ated for the purp	pose/adjustment necessary as			
Signature :				Signature :						
Printed Name :	ı	ELIZABETH P. T.	ABASA, CPA, MBA, CEO VI	Printed Name		LE	ONORA A. A	NIEL		
Position :		Chief - Manag	ement Support Division	Position		BU	DGET OFFIC	ER III		
		Head Requesting C	ffice / Authorized Representative			Head, Budget	: Unit / Authorize	d Representative		
Date :				Date			12/17/2018	3		
C.		Referen		ATUS OF OBLIGA	ATION	۸۳۰	ount			
Date	Р	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable		
11/30/2018	С	Obligation	01 - 01101101 - 2018-11 - 1							
			Totals							

SETMENT OF HE		Republic of Philippines					No : 01 - 01101101 - 2018-11			
DEP	RIH	CEN	ITER for HEALTH DEVELOPME	NT VII		Date :		11/30/2018		
THOTONAL OFFICE			Regional Office 7			Fund :		01-01101101		
		Cen	tral Visayas, Osmeña Blvd. Ceb	u City						
Paye	9	RRHFS-PS					-			
Office		Department o	f Health							
Addres	ss	-								
Responsibility	y Center		Particulars	MFO/P.	AP	UACS Expen	Code/ diture	Amount		
RRHFS-	·PS	to obligate all t	transaction from January to	3301011000	002000	50101	01001			
501		November 201	8			50102	01001			
						50102				
						50102	03001			
						50102	04001			
						50102	14001			
						50102	15001			
						50102	99038			
	PO No. PR No.									
<u> </u>		DV No. 2018-0	0005 Total	В.	0-4:6-4					
Α.	Certified: Charges to a	appropriation/ allotme	ent necessary, lawful and under my direct	В.	Certified: Allotment av	ailable and oblig	ated for the purp	ose/adjustment necessary as		
	supervision;	and supporting docu	ent necessary, lawful and under my direct uments valid, proper and legal		indicated ab	ove		,		
Signature :				Signature :						
Printed Name :	GU	Y R. PEREZ, MD	, RPT, FPSMS, MBAHA, CESE	Printed Name		LE	ONORA A. A	NIEL		
Position :	OIC- CI	nief - Regulation	of Regional Health Facilities and Services	Position		BU	DGET OFFIC	ER III		
			CONTICCS							
		Hand Damardan O	Wine / Anthonical Degradation			Hand Budget	Linit / Andhanina	d Danasa antation		
Date :		Head Requesting O	ffice / Authorized Representative	Date		Head, Budget	12/17/2018	d Representative		
C.			STA ⁻	TUS OF OBLIGA	TION		12/11/2010			
		Referen			-	Amo	ount			
Date	Pa	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable		
11/30/2018	0	bligation	01 - 01101101 - 2018-11 - 2							

ETMENT OF	à		Republic of Philippines			No :	01 - 01	101101 - 2018-11 - 3
A STATE OF THE STA	E	CEN	ITER for HEALTH DEVELOPMEN	NT VII		Date :		11/30/2018
THE COOK SECONDARY			Regional Office 7			Fund :		01-01101101
AL OF		Cen	tral Visayas, Osmeña Blvd. Cebi	u City				
Paye	e	PHM-PS						
Office		Department o	f Health					
Addres								
Responsibility	y Center		Particulars	MFO/P	AP	UACS Code/ Expenditure		Amount
PHM-F	rs	to obligate all t	ransaction from January to	3103011000	001000	501010	01001	
501		November 201	8			501020	01001	
						501020	02000	
						5010203001		
						5010204001		
						501029	99038	
						501029	99036	
						501030	02001	
				•				
PO No. PR No.								
A.	Certified:	DV No. 2018-0	0005 Total	В.	Certified:			
		appropriation/ allotme and supporting docu	ent necessary, lawful and under my direct uments valid, proper and legal			railable and obligation	ated for the purp	ose/adjustment necessary as
Signature :				Signature :				
Printed Name : Position :	JOI		. ERASMO, MD, MPH, FPSMS Health Support Division	Printed Name Position			ONORA A. A DGET OFFIC	
		Cilier - Locari	теанн опрротт Билон	- CONICI.			DOLT OTTIC	
D .	I	Head Requesting Of	ffice / Authorized Representative	5.		Head, Budget		d Representative
Date :			OT A3	Date TUS OF OBLIGA	TION		12/17/2018	
.		Reference		OS OF OBLIGA	TION	Amo	nunt	
						7		
Date	Pa	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable
11/30/2018	Ol	bligation	01 - 01101101 - 2018-11 - 3					

ELIMENT OF THE			Republic of Philippines		No : 01 - 01101101 - 2018-11 - 4				
A A A A A A A A A A A A A A A A A A A	E	CEN	NTER for HEALTH DEVELOPMEN	NT VII		Date :		11/30/2018	
THE TOWNS PACUS RECOVERY	ш		Regional Office 7			Fund :		01-01101101	
VAL OF		Cen	tral Visayas, Osmeña Blvd. Ceb	u City					
Paye	•	RLIP STO-PS	<u> </u>						
Office		Department of							
Addres									
Responsibility	y Center		Particulars	MFO/P	AP	UACS Expen		Amount	
RLIP-STO 501		to obligate all t November 201	transaction from January to 18	200000100002000		5010301000			
	PO No. PR No. DV No. 2018-0005 Total								
A. Certified:		В.	Certified:						
Α.		appropriation/ allotm	ent necessary, lawful and under my direct uments valid, proper and legal	р.		vailable and obligation	ated for the purp	ose/adjustment necessary as	
Signature :	supervision;	and supporting doc	uments valid, proper and legal	Signature :	indicated ab	ove			
Printed Name :	E		ABASA, CPA, MBA, CEO VI	Printed Name		LE	LEONORA A. ANIEL		
Position :		Chief - Manag	ement Support Division	Position		BU	DGET OFFIC	ER III	
		Head Requesting O	ffice / Authorized Representative			Head, Budget		d Representative	
Date :				Date			12/17/2018		
C.		Referen		TUS OF OBLIGA	IION	Λ :	nunt .		
		Referen	ce			Amo	ount		
Date	Pa	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable	
11/30/2018	0	bligation	01 - 01101101 - 2018-11 - 4						

STMENT OF	Republic of Philippines					No : 01 - 01101101 - 2018			
DEF	E	CEN	NTER for HEALTH DEVELOPME	NT VII		Date :		11/30/2018	
PHOTOMOTO PALOUS ETC.	W.		Regional Office 7			Fund :		01-01101101	
VAL OF		Cen	tral Visayas, Osmeña Blvd. Ceb	u City					
Paye	e	RLIP RRHFS-	PS						
Office		Department of							
Addre	ss								
Responsibilit	y Center		Particulars	MFO/P	AP		Code/ nditure	Amount	
RLIP-RR 501	HFS	to obligate all 1 November 201	transaction from January to 18	330101100002000		5010301000			
		PO No.	PR No.						
A.	Certified:	DV No. 2018-0	0005 Total	В.	Certified:				
A.		appropriation/ allotm	ent necessary, lawful and under my direct uments valid, proper and legal	J.	Allotment av	ailable and oblig	ated for the purp	oose/adjustment necessary as	
Signature :	Supervision,	and supporting doc	unions valid, proper and legal	Signature :	indicated ab	OVE			
Printed Name :	GU	Y R. PEREZ. MD	, RPT, FPSMS, MBAHA, CESE	Printed Name		LEONORA A. ANIEL			
Position :			of Regional Health Facilities and	Position			IDGET OFFIC		
			Services						
		Head Requesting O	ffice / Authorized Representative			Head, Budge		d Representative	
Date :			CTA.	Date TUS OF OBLIGA	TION		12/17/2018)	
0.	I	Referen		TOO OF OBLIGA	I I I I I I	Amı	ount		
Date	Pá	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable	
11/30/2018	0	bligation	01 - 01101101 - 2018-11 - 5						

Totals

STMENT OF	à		Republic of Philippines		No : 01 - 01101101 - 2018-				
O N N N N N N N N N N N N N N N N N N N	E E	CEN	NTER for HEALTH DEVELOPME	NT VII		Date :		11/30/2018	
ARCHONAL OFFIC			Regional Office 7			Fund :		01-01101101	
		Cen	tral Visayas, Osmeña Blvd. Ceb	u City					
Paye	е	RLIP PHM-PS)						
Offic	е	Department of	of Health						
Addre	ss			1				r	
Responsibilit	y Center		Particulars	MFO/P	AP	UACS Exper	Code/ nditure	Amount	
RLIP-PHM 501		to obligate all November 201	transaction from January to 18	310301100001000		50103	01000		
		PO No. DV No. 2018-0	PR No. 2005 Total	В.	Certified:				
Α.	1	appropriation/ allotm	ent necessary, lawful and under my direct uments valid, proper and legal	Ь.	t	ailable and oblig	ated for the purp	oose/adjustment necessary as	
Signature : Printed Name : Position :		NATHAN NEIL V	'. ERASMO, MD, MPH, FPSMS	Signature : Printed Name Position	indicated ab	LE	EONORA A. A		
Position :		Chief - Local	Health Support Division	Position		BC	JDGET OFFIC	EK III	
		Hood Poguesting O	office / Authorized Representative			Hood Rudgo	t Unit / Authorizo	d Representative	
Date :		ricad requesting o	nice / Authorized Representative	Date		ricau, Duuge	12/17/2018		
C.			STA	TUS OF OBLIGA	TION				
		Referen	ce			Am	ount		
Date	Pa	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable	
11/30/2018	0	bligation	01 - 01101101 - 2018-11 - 6						
			Totals	<u> </u>					

FINENT OF HE			Republic of Philippines		No : 01 - 01101101 - 2018-1					
A A A A A A A A A A A A A A A A A A A	E	CEN	NTER for HEALTH DEVELOPMEN	NT VII		Date :		11/30/2018		
THE THE SECOND STATE OF TH			Regional Office 7			Fund :		01-01101101		
VAL OF		Cen	tral Visayas, Osmeña Blvd. Ceb	u City						
Paye		RLIP STO-PS	<u> </u>							
Office		Department of								
Addres		•								
Responsibility	y Center		Particulars	MFO/P	AP	UACS Expen		Amount		
SARO 18-00 STO	014209	to obligate all t	transaction from January to	2000001000	002000	50101	01001			
501										
PO No. PR No.										
DV No. 2018-0005										
A.	Certified:			В.	Certified:					
	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	vailable and obligation	ated for the purp	ose/adjustment necessary as		
Simpeture :				Simpeture .						
Signature : Printed Name :	E	ELIZABETH P. T.	ABASA, CPA, MBA, CEO VI	Signature : Printed Name		LE	LEONORA A. ANIEL			
Position :	-		ement Support Division	Position			DGET OFFIC			
		<u></u>								
		Head Requesting O	ffice / Authorized Representative			Head, Budget	Unit / Authorize	d Representative		
Date :		·		Date		_	12/17/2018			
C.				TUS OF OBLIGA	TION					
		Referen	ce			Amo	ount			
Date	Pa	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable		
11/30/2018	0	bligation	01 - 01101101 - 2018-11 - 7							

STMENT OF A	Republic of Philippines					No : 01 - 01101101 - 20		
a a a a a a a a a a a a a a a a a a a	E	CEN	NTER for HEALTH DEVELOPMEN	NT VII		Date :		11/30/2018
THE TAXABLE STATE OF THE STATE	III.		Regional Office 7			Fund :		01-01101101
WAL OFFI		Cen	tral Visayas, Osmeña Blvd. Ceb	u City				
Paye	<u> </u>	RLIP RRHFS-	PS					
Office		Department o						
Addres								
Responsibility	y Center		Particulars	MFO/P	AP	UACS Exper	Code/ diture	Amount
SARO 18-00 RRHF	014209 S	to obligate all t November 201	transaction from January to	3301011000	002000	50101	01001	
	0	November 201						
501								
		PO No.	PR No.					
DV No. 2018-0005 Tota								
A.	Certified:		B.	Certified:				
	Charges to a	appropriation/ allotm	ent necessary, lawful and under my direct uments valid, proper and legal		Allotment av	ailable and oblig	ated for the purp	ose/adjustment necessary as
	supervision;	and supporting doci	uments valid, proper and legal		indicated ab	ove		
Signature :	•			Signature :				
Printed Name :	GU	Y R. PEREZ, MD	, RPT, FPSMS, MBAHA, CESE	Printed Name		LE	ONORA A. A	NIEL
Position :	OIC- CI	nief - Regulation	of Regional Health Facilities and Services	Position		BU	DGET OFFIC	ER III
		Hand Danier din in O	Was / Authorized Danasautation			Hand Budset	Line / Andhanina	d December to the
Date :		i ieau riequesting O	ffice / Authorized Representative	Date		neau, Buagei	12/17/2018	d Representative
C.			STA ⁻	TUS OF OBLIGA	TION		12,11,2010	
		Referen				Amo	ount	
Date	Pa	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable
11/30/2018	0	bligation	01 - 01101101 - 2018-11 - 8					

Totals

SETMENT OF HE			Republic of Philippines		No : 01 - 01101101 - 2018-11 - 9				
A STATE OF THE STA	Ē	CEN	ITER for HEALTH DEVELOPME	NT VII		Date :		11/30/2018	
THE THE SALUBETTE OF	W.		Regional Office 7			Fund :		01-01101101	
WAL OFFI		Cen	tral Visayas, Osmeña Blvd. Ceb	u City					
Paye	е	RLIP PHM-PS							
Office		Department o							
Addres	ss								
Responsibility	y Center		Particulars	MFO/P	AP	UACS Expen		Amount	
SARO 18-0017849 PHM		to obligate all t November 201	ransaction from January to 8	310301100001000		5010101001			
DV No		PO No. DV No. 2018-0	PR No. 1005 Total						
A.	Certified:	DV No. 2018-0	10tai	В.	Certified:				
Signature :	Charges to a supervision;	appropriation/ allotme and supporting docu	ent necessary, lawful and under my direct uments valid, proper and legal	Signature :	Allotment av indicated ab	ailable and obligatione	ated for the purp	ose/adjustment necessary as	
Printed Name :	JOI	NATHAN NEIL V	. ERASMO, MD, MPH, FPSMS	Printed Name		LE	ONORA A. A	NIEL	
Position :			Health Support Division	Position		BU	DGET OFFIC	ER III	
Date :		Head Requesting Of	ffice / Authorized Representative	Data		Head, Budget		d Representative	
Date :			етл	Date TUS OF OBLIGA	TION		12/17/2018		
o .		Reference		OBLIGA	11014	Amo	ount		
Date	Pa	articulars	ORS/JEV/RCI/RADAI No.	Obligation	ı	Payment	Not Yet Due	Due and Demandable	
11/30/2018	0	bligation	01 - 01101101 - 2018-11 - 9						

RIMENT OF	à		Republic of Philippines		No :	101101 - 2018-11 - 10		
DEP	H	CEN	NTER for HEALTH DEVELOPME	NT VII		Date :		11/30/2018
THE TOWN SALES AND THE CONTROL OF TH	THE STATE OF THE S		Regional Office 7			Fund :		01-01101101
AL UT		Cen	tral Visayas, Osmeña Blvd. Ceb	u City				
Paye	e	RLIP STO-PS						
Offic		Department of						
Addre		•						
Responsibilit	y Center		Particulars	MFO/P	AP	UACS Exper	Code/ nditure	Amount
SARO 18-0 STO	017849	to obligate all November 20°	transaction from January to 18	200000100	002000	50101	01001	
501								
	PO No. PR No.							
		DV No. 2018-0	0005 Total					
A.	Certified:			В.	Certified:			
	Charges to a	appropriation/ allotm	ent necessary, lawful and under my direct uments valid, proper and legal		Allotment av indicated ab	ailable and oblig	ated for the purp	oose/adjustment necessary as
		and asklammê asa						
Signature :				Signature :				
Printed Name :	E		ABASA, CPA, MBA, CEO VI	Printed Name			ONORA A. A	
Position :	-	Chief - Manag	gement Support Division	Position		BU	IDGET OFFIC	ER III
		Head Requesting C	office / Authorized Representative			Head, Budget	t Unit / Authorize	d Representative
Date :				Date			12/17/2018	
C.				TUS OF OBLIGA	TION			
	T	Referen	ce		<u> </u>	Amo	ount	<u> </u>
Date	Pa	articulars	ORS/JEV/RCI/RADAI No.	Obligation	1	Payment	Not Yet Due	Due and Demandable
11/30/2018	OI	bligation	01 - 01101101 - 2018-11 - 10					
			Totala					
			Totals	<u> </u>				

Republic of Philippines			Republic of Philippines			No : 01 - 01101101 - 2018-11 - 1				
O O	E	CEN	NTER for HEALTH DEVELOPMEN	NT VII		Date :		11/30/2018		
THE TOWN THE	ii.		Regional Office 7			Fund :		01-01101101		
WAL OFFI		Cen	tral Visayas, Osmeña Blvd. Ceb	u City						
Paye	<u> </u>	RLIP RRHFS-	PS							
Office		Department of								
Addres										
Responsibility			Particulars	MFO/P	AP	UACS Exper	Code/ diture	Amount		
SARO 18-00 RRHF		to obligate all t	transaction from January to	3301011000	002000	50101	01001			
		110101111011 201	. 9							
501										
		PO No.	PR No.							
DV No. 2018-0005 Tota										
Α.	Certified:		В.	Certified:						
7		appropriation/ allotm	ent necessary, lawful and under my direct uments valid, proper and legal		Allotment av	ailable and oblig	ated for the purp	ose/adjustment necessary as		
	supervision;	and supporting doc	uments valid, proper and legal		indicated ab	ove				
Signature :				Signature :						
Printed Name :	GU'	Y R. PEREZ, MD	, RPT, FPSMS, MBAHA, CESE	Printed Name		LEONORA A. ANIEL				
Position :			of Regional Health Facilities and	Position		BU	BUDGET OFFICER III			
			Services							
		Head Requesting O	ffice / Authorized Representative			Head, Budget	: Unit / Authorize	d Representative		
Date :				Date			12/17/2018			
C.				TUS OF OBLIGA	TION					
		Referen	ce			Amo	ount			
Date	Pa	articulars	ORS/JEV/RCI/RADAI No.	Obligation	1	Payment	Not Yet Due	Due and Demandable		
11/30/2018	0	bligation	01 - 01101101 - 2018-11 - 11							

Totals

STMENT OF	Republic of Philippines					No :	01 - 01	101101 - 2018-11 - 12
A STATE OF THE STA	HEI	CEN	NTER for HEALTH DEVELOPME	NT VII		Date :		11/30/2018
ALGIONAL OFFIC	L. L		Regional Office 7			Fund :		01-01101101
		Cen	tral Visayas, Osmeña Blvd. Ceb	u City				
Paye	е	RLIP PHM-PS	}					
Offic	е	Department of	f Health					
Addre	ss			1				
Responsibilit	y Center		Particulars	MFO/P	AP	UACS Exper	Code/ nditure	Amount
SARO 18-0017849 PHM		to obligate all t November 201	transaction from January to 8	310301100001000		50101	01001	
]		PO No. DV No. 2018-0	PR No. 0005 Total					
A.	Certified:			B.	Certified:			
Signature :	supervision;	and supporting doc	ent necessary, lawful and under my direct uments valid, proper and legal	Signature :	indicated ab	ove		ose/adjustment necessary as
Printed Name :	JO	NATHAN NEIL V	. ERASMO, MD, MPH, FPSMS	Printed Name		LEONORA A. ANIEL		
Position:		Chief - Local	Health Support Division	Position		BU	JDGET OFFIC	ER III
		Head Requesting O	ffice / Authorized Representative			Head, Budget		d Representative
Date :			0741	Date	TION		12/17/2018	
C.	L	Referen		TUS OF OBLIGA	TION	Δm	ount	
Date	Р	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable
11/30/2018	C	bligation	01 - 01101101 - 2018-11 - 12					
			Totals					
4	1		. Stato	I			L	l .

THE NI OF THE PROPERTY OF THE		Republic of Philippines				No :	01 - 01101101 - 2018-11 - 13	
		CENTER for HEALTH DEVELOPMENT VII			Date :		11/30/2018	
		Regional Office 7				Fund :		01-01101101
AL OF		Central Visayas, Osmeña Blvd. Cebu City						
Payee		RLIP PHM-PS						
Office		Department of Health						
Address								
Responsibility Center		Particulars		MFO/PAP		UACS Code/ Expenditure		Amount
STO-PS		to obligate all transaction from January to November 2018		200000100002000				
501		11070111001 2010						
		PO No. PR No.						
A. Certified:		DV No. 2018-0005 Total		В.	Certified:			
Α.		appropriation/ allotm	ent necessary, lawful and under my direct	р.	Allotment available and obligated for the purpose/adjustment necessary as			ose/adjustment necessary as
supervision;		and supporting doc	ent necessary, lawful and under my direct uments valid, proper and legal		indicated above			
Signature :				Signature :				
			ABASA, CPA, MBA, CEO VI	Printed Name		LEONORA A. ANIEL		
Position :	sition : Chief - Ma		gement Support Division	Position		BUDGET OFFICER III		
Data	Head Requesting Office / Authorized Representative		Data		Head, Budget Unit / Authorized Representative			
Date :				Date TUS OF OBLIGA	12/17/2018 GATION			
Reference				Amount				
		-						
Date	Pa	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable
11/30/2018	0	bligation	01 - 01101101 - 2018-11 - 13					
11/30/2016		bligation	01 - 01101101 - 2016-11 - 13					