SALIC PHILIP	8		Republic of Philippines			No :	02 - 102	2101 - 2019-01 - 119
W S	NES !		Department of Health			Date :		01/18/2019
THE PARTY OF THE P	5	Centra	l Visayas Center for Health De	velopment		Fund :		02- 102101
WENT .		Cen	tral Visayas, Osmeña Blvd. Ce	bu City				
Paye	e	KAREN PACA	ATANG	<del>-</del>			-	
Offic	е	Department of	of Health					
Addre	ss	SEVILLA, BO	HOL					
Responsibilit	y Center		Particulars	MFO/P	MFO/PAP		Code/ diture	Amount
SAA# 2018-04-0699 CONAP		TRAVELLING ON OFFICIAL	E REIMBURSEMENT OF EXPENSES INCURRED WHILE TRAVEL TO CEBU CITY LAST 018, IN THE AMOUNT OF	<b>:</b>	310201100004000		01000	1,520.00
Α.	Certified:	PO No. DV No. T12-8	PR No. 593 Tota	al B.	Certified:			1,520.00
	Charges to supervision;	appropriation/ allotm	ent necessary, lawful and under my direct uments valid, proper and legal		Allotment as indicated ab	vailable and oblig oove	ated for the purpo	ose/adjustment necessary as
Signature :				Signature :				
Printed Name :	Printed Name			LE	ONORA A. AI	NIEL		
Position :				Position		BU	IDGET OFFICI	ER III
		Hand Damasti C	Wine / Authorized Decreased the			Head But 1	Half / Audia	I Danisa santati sa
Date :		neau kequesting O	ffice / Authorized Representative	Date	1	nead, Budget	Unit / Authorized	a representative
Date .			т	ATUS OF OBLIGA	ATION		02/10/2019	
··	<u> </u>	Referen		- COUNTY		Amount		
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 - 119	1,520.00				
01/10/2019	İ							

	•								
SBLICOMPHILIA			Republic of	Philippines			No :	02 - 10	2101 - 2019-01 - 120
# (#)	WES.		Departmen	t 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 f	for Health Deve	lopment		Fund :		02- 102101
MENT		Cen	tral Visayas, Osm	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 INCL TRAVEL TO TAG 0-11, 2018, IN THE	IRRED WHILE BILARAN CITY	310301100001000		50201	01000	1,080.00
		PO No.	PR No.						
<u> </u>	Certified:	DV No. T12-8	586	Total	В.	Certified:			1,080.00
А.		appropriation/ allotm and supporting doc	ent necessary, lawful an uments valid, proper and	d under my direct I legal	Б.		nt available and obligated for the purpose/adjustment necessa		
Signature :					Signature :				
Printed Name :	JO	NATHAN NEIL V	. ERASMO, MD, MP	H, FPSMS	Printed Name		LE	ONORA A. A	NIEL
Position :		Chief - Local	Health Support Divi	sion	Position		BUDGET OFFICER III		
		Head Requesting O	Office / Authorized Repres	sentative			Head, Budge	t Unit / Authorize	ed Representative
Date :	Date 02/18/2019			)					
C.	STATUS OF OBLIGATION								
		Referen	ce				Am	ount	Т
Date	P	articulars	ORS/JEV/RCI/	/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable
01/18/2019	Ol	oligation	02 - 102101 - 2	019-01 - 120	1,080.00				
	]								

1,080.00

Totals

STALIC - PHILL	a a		Republic of Philippine	es			No :	02 - 10	2101 - 2019-01 - 121
	NES !		Department of Health	1			Date :		01/18/2019
THE PART OF P	TE STATE OF THE ST	Centra	l Visayas Center for Health	Deve	lopment		Fund :		02- 102101
· LAT		Cen	tral Visayas, Osmeña Blvd.	Ceb	u City				
Paye	е	MYRA LEON	ORA SALVALEON						
Offic	e	Department of	of Health						
Addre	ss	BOHOL							
Responsibilit	ty Center		Particulars		MFO/PAP			Code/ nditure	Amount
2018 PHM CONAP		TRAVELLING ON OFFICIAL	E REIMBURSEMENT OF EXPENSES INCURRED WH TRAVEL TO CEBU CITY LA 8, IN THE AMOUNT OF		310301100001000		50201	01000	2,085.00
		DV No. T12-8		Total					2,085.00
Α.	Certified:				B.	Certified:			, , , , , , , , , , , , , , , , , , , ,
	Charges to supervision;	appropriation/ allotm and supporting doc	ent necessary, lawful and under my dir uments valid, proper and legal	rect		Allotment a indicated al	nent available and obligated for the purpose/adjustment necessary ted above		
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	BUDGET OFFICER III			ER III
		Head Requesting O	office / Authorized Representative				Head, Budge	t Unit / Authorize	ed Representative
Date :	rioda rioquoding emoor ridinonized representative				Date			02/18/2019	)
C.				STA	US OF OBLIGA	TION			
		Referen	ce			Amount			
Date	P	articulars	ORS/JEV/RCI/RADAI No.		Obligation		Payment	Not Yet Due	Due and Demandable
01/18/2019	Ol	oligation	02 - 102101 - 2019-01 - 121	1	2,085.00				
	1								1

2,085.00

Totals

SELIC PHILIP	*		Republic of Philippines			No :	02 - 102	2101 - 2019-01 - 122
H. C.	NES *		Department of Health			Date :		01/18/2019
GRAP TO	\$ 1 m	Centra	I Visayas Center for Health Dev	relopment		Fund :		02- 102101
WENT of		Cen	tral Visayas, Osmeña Blvd. Ce	bu City				
Paye	<u> </u>	KAY CARINA		<u> </u>				
Office		Department o						
Addre	ss	CEBU CITY						
Responsibilit	y Center		Particulars	MFO/PAP		UACS Expen		Amount
A. Certified		TRAVELLING ON OFFICIAL FOR THE MO THE AMOUNT PO No.	PR No.				01000	1,042.00  1,042.00  pse/adjustment necessary as
Signature :	supervision,	and supporting doci	uments valid, proper and legal	Signature :	indicated ab	love		
Printed Name :	OL.	NATHAN NEIL V	. ERASMO, MD. MPH. FPSMS	Printed Name		I F	ONORA A. AN	NIEL
Position :	JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS  Chief - Local Health Support Division		Position			DGET OFFICE		
		Head Requesting O	ffice / Authorized Representative		1	Head, Budget	Unit / Authorized	Representative
				Date			02/18/2019	
				ATUS OF OBLIGA	ATION			
				1		Amount		
	<u> </u>	Referen	ce					
Date :  C.  Date	Pi	Referen articulars	ce ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable
C.				Obligation		Payment	Not Yet Due	

SIGNIC PHILIP	*		Republic of Philippines			No :	02 - 102	2101 - 2019-01 - 123
	NES 1		Department of Health			Date :		01/18/2019
ER TO	No.	Centra	l Visayas Center for Health Dev	elopment		Fund :		02- 102101
WENT ®		Cen	tral Visayas, Osmeña Blvd. Cek	ou City				
Paye	е	STEVEN RITZ	Z GONZALVE					
Office		Department of	of Health					
Addre	ss	CEBU CITY						
Responsibilit	y Center		Particulars	MFO/PAP		UACS Expen		Amount
SAA# 2018-03-0537 CONAP  A. Certified Charges in supervision		TRAVELLING ON OFFICIAL FOR THE MO THE AMOUNT PO No. DV No. T12-86	PR No.	320101100	Certified:	ailable and obligation		4,460.00  4,460.00  ose/adjustment necessary as
Signature :				Signature :				
Printed Name :	JO	NATHAN NEIL V	. ERASMO, MD, MPH, FPSMS	Printed Name		LE	ONORA A. AN	NIEL
Position:		Chief - Local Health Support Division		Position		BU	DGET OFFICE	ER III
		Head Requesting O	ffice / Authorized Representative			Head, Budget	Unit / Authorized	I Representative
Date :				Date			02/18/2019	
C.			STA	TUS OF OBLIGA	TION			
		Referen	ce			Amount		
			ORS/JEV/RCI/RADAI №.	Obligation		Payment	Not Yet Due	Due and Demandable
Date	Pa	articulars	ONO/JEV/NO//NADALNO.					
Date 01/18/2019		oligation	02 - 102101 - 2019-01 - 123	4,460.00				

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  A. Certified:  Charges to appropriation allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal  Signature:  Signature:  Signature:  Signature:  District Chief - Local Health Support Division  Head Requesting Office / Authorized Representative  Date:  Head Requesting Office / Authorized Representative  Reference  Amount  Reference  Amount  Reference  Amount  Date Obligation Requested Authorized Representative  Allotment available and obligated for the purpose/adjustment nec indicated above  LEONORA A. ANIEL  LEONORA A. ANIEL  LEONORA A. ANIEL  Date O2/18/2019  C. STATUS OF OBLIGATION  Reference  Amount	019-01 - 124	<u> 2019-</u>	02 - 102	No :			Republic of Philippines			SALICOMPHILIA	
Central Visayas, Osmeña Blvd. Cebu City  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 TRAVEL LING EXPENSES INCURRED WHILE ON OFFICIAL TRAVEL TO CEBU CITY LAST DEC. 10-11, 2018, IN THE AMOUNT OF  A. Certified:  Charges to appropriation/ alteriment necessary, tenful and under my direct supervision; and supporting documents valid, proper and legal  Appropriate Signature:  Printed Name: JONATHAN NELL V. ERASMO, MD, MPH, FPSMS Printed Name LEONORA A. ANIEL  Preficial Chief - Local Health Support Division Position BUDGET OFFICER III  Profice: Chief - Local Health Support Division Position  Reference Amount  Network Date Date Desiration Network Date Date Date Date Date Date Date Date	2019	01/18/2019		Date :			Department of Health		NES '	W C	
Payee Office Department of Health Address LILA, BOHOL  Responsibility Center Particulars MFO/PAP UACS Code/ Expenditure Amount  TO OBLIGATE REIMBURSEMENT OF TRAVELLING EXPENSES INCURRED WHILE ON OFFICIAL TRAVEL TO CEBU CITY LAST DEC. 10-11, 2018, IN THE AMOUNT OF  A. Certified:  Charges to appropriation/ allotment necessary, lewful and under my direct supervision; and supporting documents valid, proper and legal  A. Certified:  Charges to appropriation/ allotment necessary, lewful 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 BUDGET OFFICER III  Date: Date Reference Amount  Reference Amount	 2101	02- 102101		Fund :		lopment	l Visayas Center for Health Deve	Central \	N S S S S S S S S S S S S S S S S S S S	THE PARTY OF THE P	
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 CED CITY LAST DEC. 10-11, 2018, IN THE AMOUNT OF  A. Cartifled:  Charges to appropriation/ alignment necessary, lawful and under my direct supervision, and supporting documents valid, proper and legal  Alignmen:  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 Date:  Date Date Reference Amount  Amount  Due and				-		u City	tral Visayas, Osmeña Blvd. Ceb	Centr		MENT	
Responsibility Center  Particulars  MFO/PAP  UACS Code/ Expenditure  Amount  TO OBLIGATE REIMBURSEMENT OF TRAVELLING EXPENSES INCURRED WHILE ON OFFICIAL TRAVEL TO CEBU CITY LAST DEC. 10-11, 2018, IN THE AMOUNT OF  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  Date:  Head Requesting Office / Authorized Representative  Reference  Amount  MFO/PAP  UACS Code/ Expenditure  Amount  Amount  Amount  Amount  DATE:  DATE:  Particulars  MFO/PAP  UACS Code/ Expenditure  Amount  Amount  Amount  Amount  Dec and Amount  Date  Date  Date  Date  Dec and Amount  Date Department on the purpose fadjustment necessary. Learning the purpose fadjust				-			HAYAG	MIGUELA CAH	e	Paye	
Responsibility Center  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  A. Certified: Charges to appropriation allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal  Signature: Signature: Printed Name: JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS Printed Name Chief - Local Health Support Division  Head Requesting Office / Authorized Representative Date: Date Date Reference  Amount  Reference  Amount  Reference  Amount  Reference							of Health	Department of	е	Office	
A. Certified:  Charges to appropriation/ allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal  Signature:  JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS Protect Name:  Cheef - Local Health Support Division  Position:  Cheef - Local Health Support Division  Position:  Reference  Amount  Reference  Amount  Reference  Anount  S10202100001000  5020100000  5020100000  50201000000  50201000000000  50201000000000  502010000000000							•	LILA, BOHOL	ss	Addres	
TRAVELING EXPENSES INCURRED WHILE ON OFFICIAL TRAVEL TO CEBU CITY LAST DEC. 10-11, 2018, IN THE AMOUNT OF  PO No. DV No. T12-8608 Total  A. Certified: Charges to appropriation/ allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal  A. 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 neo indicated above  Signature: Signature: Signature: Chief - Local Health Support Division Position  Chief - Local Health Support Division Position  Head Requesting Office / Authorized Representative Date: Date  Reference  Amount  Date Date Reguesting  Date Reference  Date Reguesting	Amount	Amo			AP	MFO/P	Particulars		y Center	Responsibility	
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 Date: Date O2/18/2019 C. STATUS OF OBLIGATION  Reference Amount	1,000.00	ose/adiustment n			Certified:		EXPENSES INCURRED WHILE TRAVEL TO CEBU CITY LAST 018, IN THE AMOUNT OF  PR No.  Total	PO No.  DV No. T12-860	P Certified:	CONAP	
Printed Name: JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS Printed Name LEONORA A. ANIEL Position: Chief - Local Health Support Division  Head Requesting Office / Authorized Representative Date: Date 02/18/2019  C. STATUS OF OBLIGATION  Reference Amount  Date OBS/JEV/RC/RADALNA Obligation Regression Net Yor Due and Due an	tent necessary as	se/adjustment n	a for the purpo	valiable and obligater	indicated abo		ent necessary, lawfur and under my direct uments valid, proper and legal	appropriation allother	supervision;		
Position:  Chief - Local Health Support Division  Position  BUDGET OFFICER III  Head Requesting Office / Authorized Representative  Date: Date  Date  O2/18/2019  C.  STATUS OF OBLIGATION  Reference  Amount  Date  Dat			NODA A AN	1.50		_	Z EDAGMO MD MDU EDOMO	NIATUAN NEU Y	10		
Head Requesting Office / Authorized Representative  Date: Date Date  STATUS OF OBLIGATION  Reference  Amount  Date											
Date :         Date :         02/18/2019           C.         STATUS OF OBLIGATION           Reference :         Amount :    Particulars :  OBS/JEV/DC//DADAING :  Due and :  D		<u>.ix III                                 </u>	GET OFFICE	БООС		. John J	riediui Support Division	Ciliei - Local Re		. 334011 .	
C. STATUS OF OBLIGATION  Reference Amount  Date Particulars ORS/JEV/PCV/PADALNO Obligation Represent Net Yet Due and	tative	Representative	nit / Authorized	Head, Budget Un			ffice / Authorized Representative	Head Requesting Office			
Reference Amount  Date Particulars ORS/JEV/PCV/PADALNA Obligation Represent Net Yet Due Due and			02/18/2019	-		Date					
Date Porticulars OBS/JEV/PCI/PADALNO Obligation Powerst Net Yet Due Due and					TION	TUS OF OBLIGA	STA			C.	
			nt ,	Amour			ce	Reference			
	Due and Demandable		Not Yet Due	Payment N	P	Obligation	ORS/JEV/RCI/RADAI No.	articulars	Pi	Date	
01/18/2019 Obligation 02 - 102101 - 2019-01 - 124 1,000.00						1,000.00	02 - 102101 - 2019-01 - 124	oligation	Ok	01/18/2019	
Totals 1,000.00			+			4 000 00	Tatala	<u> </u>			

ON COMPHILY	de la companya de la		Republic of Philippines			No :	02 - 10	2101 - 2019-01 - 125
R. R	ES · /		Department of Health			Date :	01/18/2019	
FRAT MENT & F	A STATE OF THE PARTY OF THE PAR	Centra	l Visayas Center for Health Deve	elopment		Fund :		02- 102101
- LNI		Cen	tral Visayas, Osmeña Blvd. Ceb	u City				
Paye	e	GIEFRED RE	GNER, ET AL					
Offic	е	Department of	of Health					
Addre	ss	BOHOL						
Responsibilit	ty Center		Particulars	MFO/PAP			Code/ nditure	Amount
2018 PHM (	2018 PHM CONAP  TO OBLIGATE REIMBURSEMENT OF TRAVELLING EXPENSES INCURRED WON OFFICIAL TRAVEL TO CEBU CITY LIDEC. 14, 2018, IN THE AMOUNT OF  PO No. PR No. DV No. T12-8606  Certified:  Charges to appropriation/ allotment necessary, lawful and under my supervision; and supporting documents valid, proper and legal		EXPENSES INCURRED WHILE TRAVEL TO CEBU CITY LAST B, IN THE AMOUNT OF  PR No.  Total	310301100	Certified:	vailable and oblig	ated for the purp	ose/adjustment necessary as
Signature :				Signature :				
Printed Name :			LEONORA A. ANIEL					
Position :		Chief - Local Health Support Division				BU	JDGET OFFIC	ER III
		Head Requesting C	office / Authorized Representative			Head, Budget		d Representative
Date :	Date 02/18/2019							
C.		STATUS OF OBLIGATION						
	1	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					

JELIC O DE PHILL			Republic of Philippines			No :	02 - 10	2101 - 2019-01 - 126
H. C.	NES*		Department of Health			Date :		01/18/2019
THE PROPERTY OF THE PROPERTY O	A STATE OF THE STA	Centra	l Visayas Center for Health Deve	elopment		Fund :		02- 102101
WENT *		Cen	tral Visayas, Osmeña Blvd. Ceb	u City				
Paye	e	LETECIA YEO	CYEC, ET AL				<u> </u>	
Offic	е	Department of	of Health					
Addre	ss	BOHOL						
Responsibili	ty Center		Particulars	MFO/PAP UAC Expe		UACS Expen	Code/ diture	Amount
P D		PO No.  DV No. T12-8	PR No.  607  Total  ent necessary, lawful and under my direct uments valid, proper and legal	3103011000	Certified:	ailable and oblig	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:		Chief - Local Health Support Division		Position		BU	DGET OFFIC	ER III
		Head Requesting C	ffice / Authorized Representative			Head, Budget	Unit / Authorize	d Representative
Date :	Date		02/18/2019					
).			STA	TUS OF OBLIGA				
	т	Referen	ce			Amo	ount	
Date	P	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable
01/18/2019	Ol	oligation	02 - 102101 - 2019-01 - 126					
			Totals	<u> </u>				

SBLIC MPHILIA	8		Republic of Philippines			No :	02 - 10	2101 - 2019-01 - 127
A STATE OF S	NES 'H		Department of Health			Date :		01/18/2019
PAPIMENT * H	<b>3</b>	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					
Responsibility	y Center		Particulars	MFO/P/	AP	UACS Expen		Amount
2018 HRH CONA	P	PO No. PR No.  DV No. T12-8466 Total		310202100001000				
Α.	Certified:			B.	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	/ailable and oblig love	ated for the purp	ose/adjustment necessary as
Signature :				Signature :				
Printed Name : Position :	JO		. ERASMO, MD, MPH, FPSMS Health Support Division	Printed Name Position			ONORA A. A DGET OFFIC	
T GSILIOTT.		Criter - Local	пеанн зиррогт Біуізіон	T COSITION		БО	DGET OFFIC	EK III
Data		Head Requesting Office / Authorized Representative Head, Budget Unit / Authorized Representative			·			
Date :		CTA		Date			02/18/2019	<u> </u>
C.		Referen		TUS OF OBLIGA	Amount			
Date	Pa	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable
01/18/2019	Ok	ligation	02 - 102101 - 2019-01 - 127					
		-						
			Totals					

SUBLIC 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
S S S S S S S S S S S S S S S S S S S	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
		Cen	tral Visayas, Osmeña Blvd. Ceb	u City				
Paye	е	MARIA CHON	IA M. SINGCO					
Offic	е	Department o	of Health					
Addre	ss	CEBU CITY						
Responsibilit	y Center		Particulars	MFO/P	AP		Code/ nditure	Amount
2018 HRH - DEP CONAP		ATTENDING A MANDALUYO	E TRAVEL EXPENSES WHILE A SHORT FILM LAUNCHING AT NG MANILA ON 13 DEC 18 PR No.	310202100001000		50201	01000	1,450.0
		DV No. T12-86	612 Total					1,450.00
Α	Charges to		ont necessary lawful and under my direct	В.	Certified:		ated for the pur	pose/adjustment necessary as
Signatura :	supervision	; and supporting doc	ent necessary, lawful and under my direct uments valid, proper and legal	Signature :	indicated ab	oove		
Signature : Printed Name :	JO	NATHAN NEIL V	Z. ERASMO, MD, MPH, FPSMS	Printed Name		LI	EONORA A. A	NIEL
Position :			Health Support Division	Position		Вι	JDGET OFFIC	ER III
		Head Requesting O	office / Authorized Representative			Head, Budge	t Unit / Authorize	d Representative
Date :				Date			02/18/2019	)
C				TUS OF OBLIGA	TION			
	Τ	Referen	ce I			Amount I		Ι
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				

CONAP INCURRED LAST NOVEMBER 5-7 2018 AT SARROSA HOTEL CEBU CITY  PO No. PR No.	SELIC DE PHILIA			Republic of Philippines			No :	02 - 10	2101 - 2019-01 - 129
Central Visayas, Osmeña Blvd. Cebu City  Payee HENRY NICHOLSON C. LABAJO  Office Department of Health  Address BOHOL  Responsibility Center  2018 HRH - DEP CONAP  TO OBLIGATE TRAVEL EXPENSE NOVEMBER 5-7 2018 AT SARROSA HOTEL CEBU CITY  PO No. PR No. DV No. T12-8605  Total  A Certified: Address	<b>B</b>	MES.		Department of Health			Date :		01/22/2019
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  A CONTROL OF TOOLS OF TOO	ER PROPERTY OF	E STATE OF THE STA	Centra	l Visayas Center for Health Dev	elopment		Fund :		02- 102101
Office BOHOL  Responsibility Center Particulars MFO/PAP UACS Code/ Expenditure Amount  2018 HRH - DEP CONAP TO OBLIGATE TRAVEL EXPENSE INCURRED LAST MOVEMBER 5-7 2018 AT SARROSA HOTEL CEBU CITY 5  PO No. PR No. DV No. T12-8605 Total 1,660  A. Certified: Charges to appropriation/ allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal valid in distance in distance and obligated for the purpose adjustment necessary in indicated above and obligated for the purpose adjustment necessary in indicated above and obligated for the purpose adjustment necessary in indicated above and obligated for the purpose adjustment necessary in indicated above and obligated for the purpose adjustment necessary in indicated above and obligated for the purpose adjustment necessary in indicated above and obligated for the purpose adjustment necessary in indicated above and obligated for the purpose adjustment necessary in indicated above and obligated for the purpose adjustment necessary in indicated above and obligated for the purpose adjustment necessary in indicated above and obligated for the purpose adjustment necessary in indicated above and obligated for the purpose adjustment necessary in indicated above and obligated for the purpose adjustment necessary in indicated above and obligated for the purpose adjustment necessary in indicated above and obligated for the purpose adjustment necessary in indicated above and obligated for the purpose adjustment necessary in indicated above and obligated for the purpose adjustment necessary in indicated above and obligated for the purpose adjustment necessary in indicated above and obligated for the purpose adjustment necessary in indicated above and obligated for the purpose adjustment necessary in indicated above and obligated for the purpose adjustment necessary in indicated above and obligated for the purpose adjustment necessary in indicated above and obligated for the purpose adjustment necessary in indicated above and obligated fo	VENT V		Cen	tral Visayas, Osmeña Blvd. Ce	bu City				
Responsibility Center  Particulars  MFO/PAP  UACS Code/ Expenditure  Amount  TO OBLIGATE TRAVEL EXPENSE INCURRED LAST NOVEMBER 5-7 2018 AT  SARROSA HOTEL CEBU CITY  ARROSA HOTEL CEBU CITY  PO No.  DV No. 112-8605  Total  Charges to appropriation' allotment necessary, leviful and under my direct Supervision, and supporting documents velid, proper and legal  A. Certified:  Charges to appropriation' allotment necessary, leviful and under my direct Supervision, and supporting documents velid, proper and legal  Signature:  Signature:  Signature:  Signature:  JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS Printed Name  LEONORA A. ANIEL Position:  Chief - Local Health Support Division  Position  Head Requesting Office / Authorized Representative Date  Date  Particulars  ORSUEV/RCIRADAI No.  Obligation  Payment Not Yet Due  Due and Dumandable	Paye	е	HENRY NICH	OLSON C. LABAJO					
Responsibility Center  2018 HRH - DEP CONAP DE	Office	е	Department of	of Health					
PO No. PR No. DV No. T12-8605 Total  A. Certified: Charges to appropriation/ altornent necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal  Charges to appropriation/ altornent 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  Head Requesting Office / Authorized Representative Date  Particulars  ORS/JEV/RCJ/RADAI No. Obligation Payment Not Yet Due Date and Demandable Date Date Date Particulars  ORS/JEV/RCJ/RADAI No. Obligation Payment Not Yet Due Date	Addre	ss	BOHOL						
PO No. PR No. DV No. T12-8605 Total 1,660  A. Certifiled: B. Certifiled: Alaborized spropriation/ alikitment necessary, lawful and under my direct supervision; and supporting documents valid, propert and legal Alaborized above Alaborized above Signature: Signature: Signature: Signature: JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS Printed Name LEONGRA A. ANIEL Position: Chief - Local Health Support Division Position: Head Requesting Office / Authorized Representative Date: Date O2/18/2019  C. STATUS OF OBLIGATION  Reference Amount Demandable	Responsibilit	y Center		Particulars	MFO/P	MFO/PAP			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  Head Requesting Office / Authorized Representative  Date:  Date  Date  Particulars  ORS/JEV/RCI/RADAI No.  Obligation  Payment  Not Yet Due  Due and Demandable			INCURRED L	AST NOVEMBER 5-7 2018 AT	310202100	310202100001000		01000	1,660.00
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 Position: Head Requesting Office / Authorized Representative Date: Date Particulars ORS/JEV/RCI/RADAI No. Obligation Payment Not Yet Due Due and Demandable Demandable									
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:  Head Requesting Office / Authorized Representative  Date:  Date  Date  Date  Particulars  ORS/JEV/RCI/RADAI No.  Obligation  Payment  Not Yet Due  Due and Demandable		ı		505 Tota					1,660.00
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 O2/18/2019  C. STATUS OF OBLIGATION  Reference Amount  Date Particulars ORS/JEV/RCI/RADAI No. Obligation Payment Not Yet Due Due and Demandable	Α.				В.				
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 02/18/2019  C. STATUS OF OBLIGATION  Reference Amount  Date Particulars ORS/JEV/RCI/RADAI No. Obligation Payment Not Yet Due Due and Demandable		supervision;	appropriation allotting and supporting doc	ent lecessary, lawfu and under my direct uments valid, proper and legal		indicated ab	valiable and oblig pove	ated for the purp	ose/aujusiineni necessary as
Position : Chief - Local Health Support Division Position BUDGET OFFICER III  Head Requesting Office / Authorized Representative Head, Budget Unit / Authorized Representative  Date Date 02/18/2019  C. STATUS OF OBLIGATION  Reference Amount  Date Particulars ORS/JEV/RCI/RADAI No. Obligation Payment Not Yet Due Due and Demandable	-	10	NATUAN NEU V	EDARMO MD MBU EDRMR				ONOBA A A	NIEI
Head Requesting Office / Authorized Representative  Date: Date  STATUS OF OBLIGATION  Reference  Particulars  ORS/JEV/RCI/RADAI No. Obligation  Payment  Not Yet Due  Due and Demandable		30			+				
Date :         Date         02/18/2019           C.         STATUS OF OBLIGATION           Reference         Amount           Date         Particulars         ORS/JEV/RCI/RADAI No.         Obligation         Payment         Not Yet Due         Due and Demandable	· concern		Officer - Local	neath Support Division	T COMO!			DOLT OFFIC	LIV III
Date :         Date         02/18/2019           C.         STATUS OF OBLIGATION           Reference         Amount           Date         Particulars         ORS/JEV/RCI/RADAI No.         Obligation         Payment         Not Yet Due         Due and Demandable			Head Requesting C	ffice / Authorized Representative			Head, Budget	Unit / Authorized	d Representative
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01/22/2019 Obligation 02 - 102101 - 2019-01 - 129 1,660.00	Date	P	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	
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Totals 1,660.00									

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THE PARTY OF THE P	N. S.	Centra	l Visayas Center for Health Dev	elopment		Fund :		02- 102101
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Paye	е	ROWENA C.	QUILAB				·	
Offic	е	Department of	of Health					
Addre	ss	CEBU CITY		_				
Responsibilit	y Center		Particulars	MFO/P	AP	UACS Expen		Amount
A. Certified:  Charges to Supervision		PO No.  DV No. T12-8:	PR No.  PR No.  Set 1 necessary, lawful and under my direct uments valid, proper and legal	3102011000	Certified:			1,795.00 0se/adjustment necessary as
Signature :				Signature :				
Printed Name :			. ERASMO, MD, MPH, FPSMS	Printed Name	-		ONORA A. A	
Position :		Chief - Local	Health Support Division	Position		BU	DGET OFFIC	EK III
		Head Requesting O	ffice / Authorized Representative	1	-	Head, Budget		d Representative
Date :				Date			02/18/2019	
C.				TUS OF OBLIGA	TION			
	_	Referen	ce	1		Amo	ount	
Date	Pi	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable
01/22/2019	Ot	oligation	02 - 102101 - 2019-01 - 130	1,795.00				
				i				

Central Visayas, Osmeña Blvd. Cebu City  Payee NELSON NAVARRO Office Department of Health Address MINGLANILLA, CEBU  Responsibility Center Particulars MFO/PAP UACS Code/ Expenditure  SAA# 2018-02-0090 CONAP  TO OBLIGATE REIMBURSEMENT OF MEDICAL EXPENSES INCURRED OF PATIENT ZANDER EARL NAVARRO (POST DENGVAXIA CASE), IN THE AMOUNT OF  PO No. DV No. T12-8616 Total  A. Certified: Charges to appropriation/ allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal  Signature: Printed Name: ELLENIETTA HMV N. GAMOLO, MD, MPH, CESE Printed Name LEONORA A. AN Position: Assistant Regional Director Position BUDGET OFFICE	SALIC PHILIA	•	Republic of Philippines  Department of Health				No :	02 - 10	02 - 102101 - 2019-01 - 131	
Central Visayas, Osmeña Blvd. Cebu City  Payee NELSON NAVARRO Office Department of Health Address MINGLANILLA, CEBU  Responsibility Center Particulars MFO/PAP LACS Code/ Expenditure  SAA# 2018-02-0090 TO OBLIGATE REIMBURSEMENT OF MEDICAL EXPENSES INCURRED OF PATIENT ZANDER EARL NAVARRO (POST DENGVAXIA CASE), IN THE AMOUNT OF  PO No. PR No. DV No. T12-8616 Total  A Certified: Charges to appropriation/ allotment necessary, isorful and under my direct superviseor, and supporting documents valid, proper and legal  Signature: Printed Name: ELLENIETTA HMV N. GAMOLO, MD, MPH, CESE Printed Name LEONORA A. AN Position: Assistant Regional Director Position BUDGET OFFICE  Head Requesting Office / Authorized Representative Head, Budget Unit / Authorized Collection Reference Amount  Reference Amount  Not Yet Due	H H	NES*					Date :	01/23/2019		
Payee Office Department of Health Address MINGLANILLA, CEBU  Responsibility Center Particulars MFO/PAP UACS Code/ Expenditure  SAA# 2018-02-0090 CONAP DEDICAL EXPENSES INCURRED OF PATIENT ZANDER EARL NAVARRO (POST DENGVAXIA CASE), IN THE AMOUNT OF  A. Certified:  Charges to appropriation/ allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal  Charges to appropriation/ allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal  Signature:  Printed Name: ELLENIETTA HMV N. GAMOLO, MD, MPH, CESE Printed Name LEONORA A. AN Position: Assistant Regional Director Position BUDGET OFFICE  The data Requesting Office / Authorized Representative Date 22/18/2019  C. STATUS OF OBLIGATION  Reference Amount  Not Yet Due	THE PARTY OF THE P		Central Visayas Center for Health Development				Fund :	02- 102101		
Payee NELSON NAVARRO Office Department of Health Address MINGLANILLA, CEBU  Responsibility Center Particulars Particulars MFO/PAP UACS Code/ Expenditure  SAA# 2018-02-0090 CONAP DEDICAL EXPENSES INCURRED OF PATIENT ZANDER EARL NAVARRO (POST DENGVAXIA CASE), IN THE AMOUNT OF  PO No. PR No. DV No. T12-8616 Total  A. Certified:  Charges to appropriation/ allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal  Signature:  Printed Name: ELLENIETTA HMV N. GAMOLO, MD, MPH, CESE Printed Name LEONORA A. AN Position:  Assistant Regional Director Position BUDGET OFFICE  The Address Date Particulars ORS/JEV/RCI/RADAI No. Obligation Payment Not Yet Due  Date Particulars ORS/JEV/RCI/RADAI No. Obligation Payment Not Yet Due	WENT OF	Cen	bu City							
Office Address MINGLANILLA, CEBU  Responsibility Center Particulars MFO/PAP UACS Code/ Expenditure  SAA# 2018-02-0090 CONAP TO OBLIGATE REIMBURSEMENT OF MEDICAL EXPENSES INCURRED OF TOTAL EXPENSES INCURED OF TOTAL EXPENSES INCURRED OF TOTAL EXPEN	Pavee	<u> </u>	I		<u> </u>					
Responsibility Center  Responsibility Center  Particulars  MFO/PAP  UACS Code/ Expenditure  SAA# 2018-02-0090 CONAP  DO OBLIGATE REIMBURSEMENT OF MEDICAL EXPENSES INCURRED OF PATIENT ZANDER EARL NAVARRO (POST DENGVAXIA CASE), IN THE AMOUNT OF  MEDICAL EXPENSES INCURRED OF PATIENT ZANDER EARL NAVARRO (POST DENGVAXIA CASE), IN THE AMOUNT OF  MEDICAL EXPENSES INCURRED OF PATIENT ZANDER EARL NAVARRO (POST DENGVAXIA CASE), IN THE AMOUNT OF  MEDICAL EXPENSES INCURRED OF PATIENT ZANDER EARL NAVARRO (POST DENGVAXIA CASE), IN THE AMOUNT OF  B. Certified:  Charges to appropriation/ allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal  Assignature:  Printed Name:  ELLENIETTA HMV N. GAMOLO, MD, MPH, CESE Printed Name  LEONORA A. AN Position:  Assistant Regional Director  Position  Head Requesting Office / Authorized Representative  Head, Budget Unit / Authorized Date: Date  Particulars  ORS/JEV/RCI/RADAI No. Obligation  Payment Not Yet Due			Department of Health							
SAA# 2018-02-0090 CONAP  PO No. PR No. DV No. T12-8616  A. Certified:  Charges to appropriation/ altoment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal  Charges to appropriation/ altoment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal  Signature:  Printed Name: ELLENIETTA HMV N. GAMOLO, MD, MPH, CESE Printed Name: ELLENIETTA HMV N. GAMOLO, MD, MPH, CESE  Printed Name: Head Requesting Office / Authorized Representative  Head Requesting Office / Authorized Representative  Date  Particulars  ORS/JEV/RCI/RADAI No. Obligation Payment Not Yet Due	Addres	ss	<u> </u>							
PO No. PR No. DV No. T12-8616 Total  A. Certified: Charges to appropriation/ allotment necessary, tawful and under my direct supervision; and supporting documents valid, proper and legal  Signature: Printed Name: ELLENIETTA HMV N. GAMOLO, MD, MPH, CESE Printed Name: ELLENIETTA HMV N. GAMOLO, MD, MPH, CESE Printed Name: Head Requesting Office / Authorized Representative  Head, Budget Unit / Authorized Date: Date Particulars  ORS/JEV/RCI/RADAI No. Obligation Payment Not Yet Due				Particulars	MFO/PAP				Amount	
Charges to appropriation/ allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal  Signature:  Printed Name:  ELLENIETTA HMV N. GAMOLO, MD, MPH, CESE Printed Name Position:  Assistant Regional Director Position  Head Requesting Office / Authorized Representative Date:  Date  STATUS OF OBLIGATION  Reference  Particulars  ORS/JEV/RCI/RADAI No. Obligation Payment Not Yet Due	CONAP		MEDICAL EXIPATIENT ZAN DENGVAXIA (	PENSES INCURRED OF IDER EARL NAVARRO (POST CASE), IN THE AMOUNT OF  PR No.	1			99000	35,181.06 35,181.06	
Signature :  Printed Name : ELLENIETTA HMV N. GAMOLO, MD, MPH, CESE Printed Name LEONORA A. AN Position :  Assistant Regional Director Position BUDGET OFFICE  Head Requesting Office / Authorized Representative Head, Budget Unit / Authorized Date :  Date Date O2/18/2019  C. STATUS OF OBLIGATION  Reference Amount  Date Particulars ORS/JEV/RCI/RADAI No. Obligation Payment Not Yet Due					В.					
Position : Assistant Regional Director Position BUDGET OFFICE  Head Requesting Office / Authorized Representative Head, Budget Unit / Authorized  Date Date O2/18/2019  C. STATUS OF OBLIGATION  Reference Amount  Date Particulars ORS/JEV/RCI/RADAI No. Obligation Payment Not Yet Due		supervision;	and supporting doc	uments valid, proper and legal	Signature :	indicated ab	oove			
Head Requesting Office / Authorized Representative		EL	ELLENIETTA HMV N. GAMOLO, MD, MPH, CESE				LEONORA A. ANIEL			
Date :         Date         02/18/2019           C.         STATUS OF OBLIGATION           Reference         Amount           Date         Particulars         ORS/JEV/RCI/RADAI No.         Obligation         Payment         Not Yet Due	Position :			Position	BUDGET OFFICER III					
Date :         Date         02/18/2019           C.         STATUS OF OBLIGATION           Reference         Amount           Date         Particulars         ORS/JEV/RCI/RADAI No.         Obligation         Payment         Not Yet Due										
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01/23/2019 Obligation 02 - 102101 - 2019-01 - 131 35,181.06	Date	P	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable	
	01/23/2019	Ol	oligation	02 - 102101 - 2019-01 - 131	35,181.06					
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