SALIC - PHILIA	2		Republic of Philippines			No :	02 - 102	2101 - 2019-01 - 118
R. R. L.	MES.		Department of Health			Date :		01/18/2019
ER THE STATE OF TH	No.	Centra	I Visayas Center for Health Dev	relopment		Fund :		02- 102101
MENT OF		Cen	tral Visayas, Osmeña Blvd. Cel	bu City				
Paye	e	CHENNY ATO						
Office		Department o	of Health					
Addres	ss	BIEN UNIDO,						
Responsibility	y Center		Particulars	MFO/P	PAP	UACS Expen		Amount
2018 HRH CONA	Certified:	PO No. DV No. T12-85			Certified:	8		
	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 obliga	ated for the purpo	ose/adjustment necessary as
Signature :				Signature :				
Printed Name :	JO		. ERASMO, MD, MPH, FPSMS	Printed Name			ONORA A. AI	
Position:		Chief - Local	Health Support Division	Position		BU	DGET OFFICI	ER III
		Head Requesting O	ffice / Authorized Representative			Head, Budget	Unit / Authorized	d Representative
Date :				Date			02/20/2019	
C.			STA	ATUS OF OBLIGA	ATION			
	Reference Amount							
						Payment	Not Yet Due	_ Due and
Date	Pa	articulars	ORS/JEV/RCI/RADAI No.	Obligation		1 ayment	Not ret bue	Demandable
Date 01/18/2019		articulars	ORS/JEV/RCI/RADAI No. 02 - 102101 - 2019-01 - 118	Obligation 885.00		T ayment	Not ret Buc	Demandable

S&LIC STOP PHILIP	*		Republic of Philippines			No :	02 - 102	2101 - 2019-01 - 119
H CONTRACTOR OF THE PARTY OF TH	NES !		Department of Health			Date :		01/18/2019
THE PARTY OF THE P	5	Centra	l Visayas Center for Health Dev	elopment		Fund :		02- 102101
WENT .		Cen	tral Visayas, Osmeña Blvd. Ce	bu City				
Paye	e	KAREN PACA	ATANG					
Offic	е	Department of	of Health					
Addre	ss	SEVILLA, BO	HOL					
Responsibilit	y Center		Particulars	MFO/P	PAP UACS (Amount
SAA# 2018- CONA		TRAVELLING ON OFFICIAL	E REIMBURSEMENT OF EXPENSES INCURRED WHILE TRAVEL TO CEBU CITY LAST 018, IN THE AMOUNT OF	310201100	004000	4000 5020101000		1,520.00
Α.	Certified:			al B.	Certified:			1,520.00
	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 pove	ated for the purpo	sse/adjustment necessary as
Signature :				Signature :				
Printed Name :	-			Printed Name			ONORA A. AI	
Position :				Position		BU	DGET OFFICE	<u>=K III</u>
		Head Requesting O	ffice / Authorized Representative			Head, Budget	Unit / Authorized	I Representative
Date :				Date			02/20/2019	
C			ST	ATUS OF OBLIGA	TION			
		Referen	ce			Amo	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 - 119	1,520.00				
	İ			1				

SALIC OF PHILL	a a		Republic of Philippines			No :	02 - 10)2101 - 2019-01 - 120
THE STATE OF THE S	NES ·		Department of Health			Date :		01/18/2019
THE PART OF THE PA	THE STATE OF THE S	Centra	ll Visayas Center for Health De	evelopment		Fund :		02- 102101
WENT V		Cer	ntral Visayas, Osmeña Blvd. C	ebu City				
Paye	e	DAVILYN AG	UR					
Offic	e	Department of	of Health					
Addre	ss	CEBU CITY						
Responsibilit	ty Center		Particulars	MFO/F	PAP		Code/ nditure	Amount
2018 PHM	CONAP	TRAVELLING ON OFFICIAL	E REIMBURSEMENT OF : EXPENSES INCURRED WHIL : TRAVEL TO TAGBILARAN CI' 0-11, 2018, IN THE AMOUNT O	ΓY	5020101000			1,080.00
		PO No.	PR No.					
	_	DV No. T12-8	586 To	tal				1,080.00
Α.	Certified:			В.	Certified			
	Charges to supervision	appropriation/ allotm	nent necessary, lawful and under my direct cuments valid, proper and legal		Allotment a indicated a	vailable and oblig bove	gated for the purp	pose/adjustment necessary as
Signature :				Signature :				
Printed Name :	Jo	NATHAN NEIL V	/. ERASMO, MD, MPH, FPSMS	Printed Name		L	EONORA A. A	ANIEL
Position :			Health Support Division	Position			JDGET OFFIC	
		Head Requesting C	Office / Authorized Representative			Head, Budge	t Unit / Authorize	ed Representative
Date :	e:			Date			02/20/2019	•
C.				TATUS OF OBLIG	ATION			
		Referen	nce		1	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 - 120	1,080.00				
	1		1	1	1		1	i

1,080.00

Totals

SBLIC PHILL	o o		Republic of Philippine	es			No :	02 - 10	2101 - 2019-01 - 121
R. C.	WES.		Department of Health	1			Date :		01/18/2019
THE PART OF THE PA	E STATE OF THE STA	Centra	l Visayas Center for Health	Deve	lopment		Fund :		02- 102101
OEN!		Cen	tral Visayas, Osmeña Blvd.	Ceb	u City				
Paye	e	MYRA LEON	ORA SALVALEON						
Offic	е	Department of	of Health						
Addre	ss	BOHOL							
Responsibili	ty Center		Particulars		MFO/P	PAP UACS Code/ Expenditure			Amount
2018 PHM	CONAP	TRAVELLING ON OFFICIAL	E REIMBURSEMENT OF EXPENSES INCURRED WH TRAVEL TO CEBU CITY LA 8, IN THE AMOUNT OF		3103011000	001000	000 5020101000 2,0		
		DV No. T12-8		Total					2,085.00
Α.	Certified:	12 7 1101 1 12 01		· Otal	В.	Certifie	ed:		_,000.00
	Charges to supervision:	appropriation/ allotm and supporting doc	ient necessary, lawful and under my dir uments valid, proper and legal	rect		Allotment indicated	t available and oblig l above	ated for the purp	oose/adjustment necessary as
Signature :					Signature :				
Printed Name :	JO	NATHAN NEIL V	. ERASMO, MD, MPH, FPSMS		Printed Name	İ	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 :					Date			02/20/2019)
C.				STA	TUS OF OBLIGA	TION			
		Referen	ce				Am	ount	T
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 - 121	1	2,085.00				

2,085.00

Totals

SELIC PHILIA	2		Republic of Philippines			No :	02 - 102	2101 - 2019-01 - 122
R. R. L.	MES.		Department of Health			Date :		01/18/2019
ER T		Centra	I Visayas Center for Health Dev	elopment		Fund :		02- 102101
MENT OF		Cen	tral Visayas, Osmeña Blvd. Cel	ou City				
Paye	e	KAY CARINA						
Office		Department of						
Addres	ss	CEBU CITY						
Responsibility	y Center		Particulars	MFO/P	PAP UACS Expen			Amount
SAA# 2018-CONA	Certified:	TRAVELLING ON OFFICIAL FOR THE MO THE AMOUNT PO No. DV No. T12-86	PR No.		Certified: Allotment as indicated at	1,04		
Signature :	supervision,	and supporting doc	unienis valiu, proper and legal	Signature :	indicated at	love		
Printed Name :	JOI	NATHAN NEIL V	. ERASMO, MD, MPH, FPSMS	Printed Name		LE	ONORA A. AN	NIEL
Position :			Health Support Division	Position			DGET OFFICE	
5.		Head Requesting O	ffice / Authorized Representative	15.		Head, Budget	Unit / Authorized	I Representative
Date :				Date	<u> </u>		02/20/2019	
C.				ATUS OF OBLIGA	ATION			
	1	Referen	ce	1		Amo	ount	
						Payment	Not Yet Due	Due and
Date	Pa	articulars	ORS/JEV/RCI/RADAI No.	Obligation		,		Demandable
Date 01/18/2019		articulars ligation	ORS/JEV/RCI/RADAI No. 02 - 102101 - 2019-01 - 122	1,042.00				Demandable

SELIC PHILIA	2		Republic of Philippines			No :	02 - 102	2101 - 2019-01 - 123
A STATE OF THE STA	NES.		Department of Health			Date :		01/18/2019
THE PARTY OF THE P		Centra	I Visayas Center for Health Dev	elopment		Fund :		02- 102101
WENT OF		Cen	tral Visayas, Osmeña Blvd. Cel	ou City				
Paye	e	STEVEN RITZ	Z GONZALVE					
Office		Department of	of Health					
Addres	ss	CEBU CITY						
Responsibilit	y Center		Particulars	MFO/P			Code/ diture	Amount
SAA# 2018- CONA	Certified:	TRAVELLING ON OFFICIAL FOR THE MO THE AMOUNT PO No. DV No. T12-86	PR No.	320101100	Certified:	4,461 t available 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	NIEL
Position :		Chief - Local	Health Support Division	Position		BU	DGET OFFICE	ER III
		Head Requesting O	office / Authorized Representative			Head, Budget	Unit / Authorized	I Representative
Date :				Date			02/20/2019	
C.			STA	TUS OF OBLIGA	ATION			
	Reference Amount							
	1					Payment	Not Yet Due	Due and
Date	Pa	articulars	ORS/JEV/RCI/RADAI No.	Obligation		r dymont	Not ret bue	Demandable
Date 01/18/2019		articulars	ORS/JEV/RCI/RADAI No. 02 - 102101 - 2019-01 - 123	4,460.00		T dymon	Not ret Bue	Demandable

Office DAddress L Responsibility Center 2018 HRH - DEP CONAP TO DE CONAP A. Certified: Charges to appropriate			•		Date :		01/18/2019
Office DAddress L Responsibility Center 2018 HRH - DEP CONAP TO DEP	Cen MIGUELA CA Department c	ntral Visayas, Osmeña Blvd. Ceb NHAYAG	•		Fund :		
Office Address L Responsibility Center 2018 HRH - DEP CONAP TO C	MIGUELA CA	AHAYAG	u City				02- 102101
Office Address L Responsibility Center 2018 HRH - DEP T CONAP T CONAP A. Certified: Charges to appropriate supervision; and supervision; and supervision is designed.	Department of						
Address L Responsibility Center 2018 HRH - DEP CONAP TO CONAP A. Certified: Charges to appropriate of the supervision; and supervision; and supervision: Signature: Printed Name: Position:							
Responsibility Center 2018 HRH - DEP CONAP TO CONAP A. Certified: Charges to appropriate of the supervision; and supervision; and supervision is designed.	LILA, BOHOL	of Health					
2018 HRH - DEP T T CONAP T		L					
A. Certified: Charges to appropriate of supervision; and Signature: Printed Name: JONA Position:	,		MFO/P	AP	UACS (Expend		Amount
Printed Name : JONA Position :	PO No. T12-8	E EXPENSES INCURRED WHILE L TRAVEL TO CEBU CITY LAST 2018, IN THE AMOUNT OF	3102021000 B.	Certified:	5020101000 1,000 1,000		
Printed Name : JONA Position :			Signature :				
He	NATHAN NEIL V	V. ERASMO, MD, MPH, FPSMS	Printed Name		LEC	ONORA A. AN	IIEL
	Chief - Local	Health Support Division	Position		ВИ	DGET OFFICE	R III
Date :	Head Requesting C	Office / Authorized Representative			Head, Budget I	Unit / Authorized	Representative
			Date			02/20/2019	
C.		STA	TUS OF OBLIGA	TION			
T	Referen	nce			Amo	unt	
Date Parti	articulars	ORS/JEV/RCI/RADAI No.	Obligation	F	Payment	Not Yet Due	Due and Demandable
01/18/2019 Oblig		02 - 102101 - 2019-01 - 124	1,000.00				
-	ligation			1	I		

SALIC PHILL	*		Republic of Philippines			No :	02 - 10	2101 - 2019-01 - 125	
THE STATE OF THE S	WES .		Department of Health			Date :		01/18/2019	
ET TO THE TOTAL PROPERTY OF THE PARTY OF THE	E STATE OF THE STA	Centra	l Visayas Center for Health Dev	elopment		Fund :		02- 102101	
WENT 9		Cen	tral Visayas, Osmeña Blvd. Ceb	ou City					
Paye	e	GIEFRED RE	GNER, ET AL						
Offic	е	Department of	of Health						
Addre	ss	BOHOL							
Responsibili	y Center		Particulars	MFO/P	AP		S Code/ enditure Amount		
2018 PHM	Certified:	PO No. DV No. T12-86	PR No. 606 Tota Presses, lawful and under my direct uments valid, proper and legal	310301100	Certified:	i:			
	supervision;	; and supporting doc	uments valid, proper and legal		indicated ab	ove			
Signature : Printed Name :	10	ΝΔΤΗΔΝ ΝΕΙΙ Μ	'. ERASMO, MD, MPH, FPSMS	Signature : Printed Name		1.0	ONORA A. A	NIFI	
Position:	30		Health Support Division	Position			IDGET OFFIC		
		Head Requesting C	ffice / Authorized Representative	1	-	Head, Budget		d Representative	
Date :	Date 02/20/2019								
C				TUS OF OBLIGA	IION				
	I	Referen	ce			Amo	ount		
Date	P	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable	
01/18/2019	Ol	bligation	02 - 102101 - 2019-01 - 125						
		_	-						
	i		Totals						

JALIC MPHILI			Republic of Philippines			No :	02 - 10	2101 - 2019-01 - 126
R. A.	NES *		Department of Health			Date :		01/18/2019
E PARTIE TO	N. S.	Centra	l Visayas Center for Health Deve	elopment		Fund :		02- 102101
PENT		Cen	tral Visayas, Osmeña Blvd. Ceb	u City				
Paye	e	LETECIA YEO	CYEC, ET AL					
Offic	е	Department of	of Health					
Addre	ss	воноц						
Responsibili	y Center		Particulars	MFO/P	D/PAP UACS Code/ Expenditure		Amount	
2018 PHM	Certified:	PO No. DV No. T12-8	PR No. 607 Total Tent necessary, lawful and under my direct uments valid, proper and legal	3103011000	Certified:			
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
		Hood Boguestin - C	Office / Authorized Popus serialise			Hood Budget	Lipit / Austrasia	d Representative
Date :		i ieau Kequesiirig C	office / Authorized Representative	Date	 	neau, buuget	02/20/2019	
).).			et v.	TUS OF OBLIGA	TION		02/20/2019	
<i>.</i> .	Reference				IION	Amo	nunt	
Date	Pa	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable
01/18/2019	Ot	oligation	02 - 102101 - 2019-01 - 126			_		
			Totals			_		

SBLIC MPHILIA	8		Republic of Philippines			No :	02 - 10	2101 - 2019-01 - 127
The state of the s	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					
Responsibility	y Center		Particulars	MFO/PAP UACS Code/ Expenditure			Amount	
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. Total	3102021000		01000		
Α.	Certified:			B.	Certified:			
	Charges to a supervision;	to appropriation/ allotment necessary, lawful and under my direct ion; and supporting documents valid, proper and legal			Allotment av indicated ab	/ailable and oblig love	ated for the purp	ose/adjustment necessary as
Signature :	10		EDAGNO ND NDU EDONO	Signature :				AUE!
Printed Name : Position :	10		. ERASMO, MD, MPH, FPSMS Health Support Division	Printed Name Position			ONORA A. A	
T GOILLOTT :		Ciliei - Local	пеанн эпррог Біуізіон	T COMOT			DGET OFFIC	LK III
	Head Requesting Office / Authorized Representative		ffice / Authorized Representative	_		Head, Budget	Unit / Authorize	d Representative
Date :				Date			02/20/2019	
C.		D-4		TUS OF OBLIGA	HON	Α	n4	
		Referen	ue			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					
			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 REI	ES · /		Department of Health			Date :		01/22/2019	
THE PART OF H	A STATE OF THE STA	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 o	of Health						
Addre	ss	CEBU CITY							
Responsibilit	y Center		Particulars	MFO/PAP UACS Code/ Expenditure		Amount			
2018 HRH CONA		ATTENDING A	E TRAVEL EXPENSES WHILE A SHORT FILM LAUNCHING AT NG MANILA ON 13 DEC 18	310202100	001000	5020101000		1,450.00	
		PO No.	PR No.					4 450 0	
Α.	Certified:	DV No. T12-86	612 Total	В.	Certified:			1,450.0	
~	+		ent necessary, lawful and under my direct uments valid, proper and legal	J.	t	vailable and oblic	gated for the purp	oose/adjustment necessary as	
Signature :				Signature :					
Printed Name :	JO	NATHAN NEIL V	. ERASMO, MD, MPH, FPSMS	Printed Name		Li	EONORA A. A	NIEL	
Position :		Chief - Local	Health Support Division	Position		ВІ	JDGET OFFIC	ER III	
		Head Requesting O	ffice / Authorized Representative			Head, Budge	t Unit / Authorize	d Representative	
Date :				Date			02/20/2019	<u> </u>	
C				TUS OF OBLIGA	TION				
	ı	Referen	ce	-		Am	ount	I	
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		
							1,400.00		
	-		Totals	1 450 00					

SELIC PHILIA	200		Republic of Philippines			No :	02 - 102	2101 - 2019-01 - 129
W S S S S S S S S S S S S S S S S S S S	MES !		Department of Health			Date :		01/22/2019
THE PART OF THE PA	The state of the s	Centra	l Visayas Center for Health Dev	relopment		Fund :		02- 102101
VENT		Cen	tral Visayas, Osmeña Blvd. Ce	bu City				
Paye	e	HENRY NICH	OLSON C. LABAJO					
Office		Department of	of Health					
Addre	ss	BOHOL						
Responsibilit	y Center		Particulars	MFO/P	AP UACS Code/ Expenditure		Amount	
2018 HRH CONA		INCURRED LA	E TRAVEL EXPENSE AST NOVEMBER 5-7 2018 AT DTEL CEBU CITY	310202100	001000	5020101000		1,660.00
		PO No. DV No. T12-86	PR No. 605 Tota	1				1,660.00
Α.	Certified:			В.	Certified:			
Simonhum	Charges to a supervision;	appropriation/ allotm and supporting doc	ent necessary, lawful and under my direct uments valid, proper and legal	Cimatus	Allotment av indicated ab	vailable and obliga	ated for the purpo	sse/adjustment necessary as
Signature : Printed Name :	10	NATHAN NEIL V	. ERASMO, MD, MPH, FPSMS	Signature : Printed Name		1.5	ONORA A. AN	MIEI
Position:	30		Health Support Division	Position			DGET OFFICE	
		Onioi Eddai	Todali Support Sivision				<u> </u>	
		Head Requesting O	ffice / Authorized Representative			Head, Budget	Unit / Authorized	I Representative
Date :		-		Date			02/20/2019	
C.			STA	TUS OF OBLIGA	ATION			
	1	Referen	се			Amo	ount	
	P	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable
Date							1	
Date 01/22/2019	Ot	oligation	02 - 102101 - 2019-01 - 129	1,660.00				

SIGNIC - PHILL	·	Republic of Philippines			No :	02 - 102101 - 2019-01 - 130			
S - H		Department of Health				Date :		01/22/2019	
		Central Visayas Center for Health Development				Fund :	02- 102101		
WENT 0		Cen	tral Visayas, Osmeña Blvd. Ce	bu City					
Paye	e	ROWENA C.		<u> </u>					
Office		Department of							
Addre	ss	CEBU CITY							
Responsibility Center			Particulars	MFO/PAP		UACS Code/ Expenditure		Amount	
SAA# 2018-03-0309 CONAP		TO OBLIGATE THE TRAVEL EXPENSE TO CEBU CITY TO ATTEND THE SYSTEM THINKING WORKSHOP AT SARROSA INTERNATIONAL HOTEL DECEMBER 4-25,2018 PO No. PR No. DV No. T12-8585 Total		310201100003000 B. Certified:		5020101000		1,795.00	
	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 obliga	ated for the purpo	ose/adjustment necessary as	
Signature :				Signature :					
Printed Name :	JO	ONATHAN NEIL V. ERASMO, MD, MPH, FPSMS		Printed Name		LEONORA A. ANIEL			
Position :		Chief - Local	Health Support Division	Position		BU	DGET OFFICE	ER III	
		Head Requesting O	office / Authorized Representative			Head, Budget	Unit / Authorized	Representative	
Date :			Date	02/20/2019					
C.			ST	ATUS OF OBLIGA	ATION				
		Referen	се			Amo	unt		
	P	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable	
Date									
Date 01/22/2019		oligation	02 - 102101 - 2019-01 - 130	1,795.00					

DE LEGISTA DE LEGISTA		Republic of Philippines Department of Health			No :	02 - 102101 - 2019-01 - 131			
						Date :		01/23/2019	
		Central Visayas Center for Health Development				Fund :		02- 102101	
MENT OF		Central Visayas, Osmeña Blvd. Cebu City							
Paye		1							
Office			NELSON NAVARRO Department of Health						
Addre		MINGLANILL							
Responsibility Center			Particulars	MFO/PAP		UACS (Amount	
SAA# 2018- CONA		MEDICAL EXF	PR No.	340100100	O01000	502149	99000	35,181.06 35,181.06	
	Charges to appropriation/ allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal				Allotment avindicated ab	/ailable and obliga ove	ted for the purpo	ose/adjustment necessary as	
Signature :				Signature :					
Printed Name :	EL	LLENIETTA HMV N. GAMOLO, MD, MPH, CESE		Printed Name		LEONORA A. ANIEL			
Position :		Assistant Regional Director		Position		BUI	DGET OFFICE	ER III	
				i	1	Head, Budget Unit / Authorized Representative			
		Head Requesting O	ffice / Authorized Representative			Head, Budget I	Unit / Authorized	Representative	
Date :		Head Requesting O	ffice / Authorized Representative	Date		Head, Budget I	Unit / Authorized 02/20/2019	Representative	
		Head Requesting O	·	Date TUS OF OBLIGA	TION	Head, Budget l		I Representative	
		Head Requesting O	STA		ATION	Head, Budget I	02/20/2019	I Representative	
	P		STA				02/20/2019	Due and Demandable	
Date : C. Date O1/23/2019		Referen	STA ce	TUS OF OBLIGA		Amo	02/20/2019 unt	Due and	