




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 : 02 - 102101 - 2019-01 - 122			
			Date : 01/18/2019			
			Fund : 02- 102101			
Payee	KAY CARINA ANG					
Office	Department of Health					
Address	CEBU CITY					
Responsibility Center	Particulars	MFO/PAP	UACS Code/ Expenditure	Amount		
SAA# 2018-03-0537 CONAP	TO OBLIGATE REIMBURSEMENT OF TRAVELLING EXPENSES INCURRED WHILE ON OFFICIAL TRAVEL TO CEBU PROVINCE FOR THE MONTH OF OCTOBER 2018, IN THE AMOUNT OF	320101100001000	5020101000	1,042.00		
	PO No. PR No.					
	DV No. T12-8609	Total		1,042.00		
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	02/19/2019		
C.	STATUS OF OBLIGATION					
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
01/18/2019	Obligation	02 - 102101 - 2019-01 - 122	1,042.00			
	Totals		1,042.00			


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 : 02 - 102101 - 2019-01 - 123			
			Date : 01/18/2019			
			Fund : 02- 102101			
Payee	STEVEN RITZ GONZALVE					
Office	Department of Health					
Address	CEBU CITY					
Responsibility Center	Particulars	MFO/PAP	UACS Code/ Expenditure	Amount		
SAA# 2018-03-0537 CONAP	TO OBLIGATE REIMBURSEMENT OF TRAVELLING EXPENSES INCURRED WHILE ON OFFICIAL TRAVEL TO CEBU PROVINCE FOR THE MONTH OF DECEMBER 2018, IN THE AMOUNT OF	320101100001000	5020101000	4,460.00		
	PO No. PR No.					
	DV No. T12-8611	Total		4,460.00		
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	02/19/2019		
C.	STATUS OF OBLIGATION					
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
01/18/2019	Obligation	02 - 102101 - 2019-01 - 123	4,460.00			
	Totals		4,460.00			


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 : 02 - 102101 - 2019-01 - 124			
			Date : 01/18/2019			
			Fund : 02- 102101			
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 TRAVELLING EXPENSES INCURRED WHILE ON OFFICIAL TRAVEL TO CEBU CITY LAST DEC. 10-11, 2018, IN THE AMOUNT OF	310202100001000	5020101000	1,000.00		
	PO No. PR No. DV No. T12-8608 Total			1,000.00		
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	02/19/2019		
C.	STATUS OF OBLIGATION					
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
01/18/2019	Obligation	02 - 102101 - 2019-01 - 124	1,000.00			
	Totals		1,000.00			


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 : <u>02 - 102101 - 2019-01 - 125</u></p> <p>Date : <u>01/18/2019</u></p> <p>Fund : <u>02- 102101</u></p>		
Payee		GIEFRED REGNER, ET AL						
Office		Department of Health						
Address		BOHOL						
Responsibility Center		Particulars		MFO/PAP		UACS Code/ Expenditure		
2018 PHM CONAP		TO OBLIGATE REIMBURSEMENT OF TRAVELLING EXPENSES INCURRED WHILE ON OFFICIAL TRAVEL TO CEBU CITY LAST DEC. 14, 2018, IN THE AMOUNT OF		310301100001000				
		PO No. PR No.						
		DV No. T12-8606 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		02/19/2019		
C.		STATUS OF OBLIGATION						
Reference				Amount				
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable		
01/18/2019	Obligation	02 - 102101 - 2019-01 - 125						
	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 : 02 - 102101 - 2019-01 - 126			
			Date : 01/18/2019			
			Fund : 02- 102101			
Payee LETECIA YECYEC, ET AL						
Office Department of Health						
Address BOHOL						
Responsibility Center	Particulars	MFO/PAP	UACS Code/ Expenditure	Amount		
2018 PHM CONAP	TO OBLIGATE REIMBURSEMENT OF TRAVELLING EXPENSES INCURRED WHILE ON OFFICIAL TRAVEL FOR THE MONTH OF NOVEMBER AND DECEMBER 2018, IN THE AMOUNT OF PO No. PR No. DV No. T12-8607 Total	310301100001000				
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	02/19/2019		
C.	STATUS OF OBLIGATION					
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
01/18/2019	Obligation	02 - 102101 - 2019-01 - 126				
	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 : 02 - 102101 - 2019-01 - 127 Date : 01/18/2019 Fund : 02- 102101			
Payee	TONEE ROSE PIL					
Office	Department of Health					
Address	ARGAO, CEBU					
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 CEBU CITY LAST NOV. 24, 2018, IN THE AMOUNT OF	310202100001000				
	PO No.	PR No.				
	DV No. T12-8466	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	02/19/2019		
C.	STATUS OF OBLIGATION					
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
01/18/2019	Obligation	02 - 102101 - 2019-01 - 127				
		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 : 02 - 102101 - 2019-01 - 128			
			Date : 01/22/2019			
			Fund : 02- 102101			
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 MANDALUYONG MANILA ON 13 DEC 18	310202100001000	5020101000	1,450.00		
	PO No. PR No. DV No. T12-8612 Total			1,450.00		
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	02/19/2019		
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		1,450.00	
	Totals		1,450.00			

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 : 02 - 102101 - 2019-01 - 129</p> <p>Date : 01/22/2019</p> <p>Fund : 02- 102101</p>			
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		310202100001000		5020101000		1,660.00	
								1,660.00	
		PO No. PR No.							
		DV No. T12-8605 Total							
A.		Certified:			B.		Certified:		
Signature :		Charges to appropriation/ allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal			Signature :		Allotment available and obligated for the purpose/adjustment necessary as indicated above		
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 - 129		1,660.00					
		Totals		1,660.00					