the same being full compensation for our services rendered during the period stated below to correctness of which we hereby severally certify. - ELEMENTA' ACCT NO FIRST No of NON ATM

										LEBERY CERTICY on my official cath	
		42,549.00	24,000.00	18549							
	20										23
	12	2,000.00	2,000.00		40.00%		7/16/15		TALIBON II	SHIENA MARIE T. VILLABETO	12
	=	23,549.00	5,000.00	18549	FULL		6/1/15		INABANGA N	MARILOU T. YUDELMO	=======================================
	10	1,000.00	1,000.00		20.00%		9/7/15		CANDIJAY	SENISA T. VILLAFUERTE	10
	9	2,000.00	2,000.00		40.00%		7/20/15		TRINIDAD	MAXIMO A. VIRADOR	9
	8	2,000.00	2,000.00		40.00%		7/20/15		DAGOHOY	LORENA G. VITOR	00
	7	1,500.00	1,500.00		30.00%		8/4/15		PANGLAO	ZENITH B. UDTO	7
	6	1,500.00	1,500.00		30.00%		8/13/15		UBAY III	MARY JOY M. VERULA	6
	5	2,000.00	2,000.00		40.00%		7/23/15		LOAY	INDERA MARIA D. VILLA	5
	4	_1,500.00	1,500.00		30.00%		8/5/15		BUENAVISTA	FRIA LIZ C. VILLANIL	4
	3	1,500.00	/ 1,500.00		30.00%		8/24/15		TUBIGON WEST	BRENDA A. VILLABER	ω
	2	2,000.00	2,000.00		40.00%		7/27/15		CORTES	ROWENA B. TIMA	2
		2,000.00	2,000.00		40.00%		7/20/15		DAGOHOY	IVY V. TUSOY	
Payee		IN CASH	GIFT				SERVICE				
of	Š	PAID	CASH	YEB	%	Days	DAY OF	Claim	DISTRICT	NAME	
Signature		AMOUNT				No. of	FRO	Nature of	ACCT, NO		

I HEREBY CERTIFY on my official oath

that the services stated above have been that the above PAYROLL is correct, and

duly rendered. Payment for such services is

also hereby approved from the appropriation indicated

FERMIN M. ALBUTRA

Administrative Officer V

APPROVED for payment subject to pre-audit:

ر 2012

 \exists

Preaudited and approved for payment in the amount of



WILFREDA D. BONGALOS

ROLANDO G. BAYOCOT

Division Accountant

6)

物物

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(5) I HEREBY CERMIX on my official oath that I have paid

that payment was made to him in acknowledgment of receipt in cash to each official and employee whose name appears on the above roll the amount set opposite his name, he having signed or marked his name in my presence and at the time

OIC - Cashier VICTORIANO C. CIMENI

the payments made by means of the payroll employee whose name appears on the above roll I HEREBY CERTIFY on my official oath that each have been paid in cash or in check and in no other mode, the amount opposite his name. The total of

VICTORIANO C. CIMENI

OIC - Cashier

15-12-823

the same being till compensation for our services rendered during the period stated below to the correctness of which we hereby severally certify. - ELEMENTARY ... JN ATM

The second name of the second na	-							the state of the last of the l		The state of the s	
		125,196.00	51,000,00	74196							
	20	2,000.00	2,000.00		40.00%		7/21/15		CARMEN W	LESLIE ANN L. GARCIA	20 L
	19	23,549.00	5,000.00	18549	FULL		6/1/15		срв	MERCEDITA C. GUIRITAN	19 2
	1 8	2,000.00	2,000.00		40.00%		7/23/15		UBAY III	CRISTINA C. GENITA	18 C
	17	2,000.00	2,000.00		40.00%		7/24/15		DANAO	VIRGILIE MAY A. GURREA	17 V
	16	23,549.00	5,000.00	18549	FULL		6/17/15		ANDA	ANALYN B. GUMOP-AS	16
	15	2,000.00	2,000.00		40.00%		7/14/15		SAGBAYAN	RIZA S. GAMBE	15
	14	2,000.00	2,000.00		40.00%		7/8/15		SAGBAYAN	ESTELA G. GUDARIDO	14 E
	13	2,000.00	2,000.00		40.00%		7/23/15		ANDA	LOUIELA A. GULTIANO	13 [
	12	23,549.00	5,000.00	18549	FULL		6/8/15		LOONS	FERLIE A. GARATE	12 5
	=1	2,000.00	2,000.00		40.00%		7/23/15		DAGOHOY	ROY J. FUERTES	11
	10	2,000.00	2,000.00		40.00%		7/29/15		BALILIHAN	RUTH E. FRANCISCO	10
	9	2,000.00	2,000.00		40.00%		7/23/15		UBAY III	ROSE GAY M. FELISILDA	ဖ
	8	1,500.00	1,500.00		30.00%		8/4/15		BUENAVISTA	MYRNA B. EYAS	8
	7	2,000.00	2,000.00		40.00%		7/16/15		GUINDULMAN	LOLITA B. ESPINAL	7 1
	6	2,000.00	2,000.00		40.00%		7/27/15		LOAY	EVANGELINE T. EFONDO	6
	5	2,000.00	2,000.00		40.00%		7/23/15		S-MIGUEL	GINALYN A. EVANGELISTA	5 0
	4	2,000.00	2,000.00		40.00%		7/23/15	1	ALICIA	JOANNA B. ESTILLORE	4
	3	2,000.00	2,000.00		40.00%		7/23/15		LOON NORTH	LORLYN R. DEODOR	3 [
	2	1,500.00	1,500.00		30.00%		8/10/15		MABINI	CYNTHIA D. DAYAPDAPAN	2 (
	1	23,549.00	5,000.00	18549	FULL		6/1/15		CALAPE	CHERRYLYN L. DUAVIS	-3
Payee		IN CASH	GIFT				SERVICE				
o,	8 O	PAID	CASH	ΥEB	*	Days	DAY OF	Claim	DISTRICT	NAME	
Signature		AMOUNT				No. of	FIRST	Nature of	ACCT. NO		

I HEREBY CERTIFY on my official oath

that the above PAYROLL is correct, and

that the services stated above have been

duly rendered. Payment for such services is

riation indicated

Administrative Officer FÉRMIN M. ALBOTRA APPROVED for p

ROLANDO G. BAYOCOT

6)

(5) I HEREBY CERNEY on my official gath that I have paid in cash to each official and employee whose name appears on

the above roll the amount set opposite his name, he having signed or marked his name in my presence and at the time

that payment was made to him in acknowledgment of receipt

VICTORIANO C. CIMENI

OIC - Cashier

employee whose name appears on the above roll have been paid in cash or in check and in no other I HEREBY CERTIFY on my official oath that each

the payments made by means of the payroll

mode, the amount opposite his name. The total of

 \exists

Preaudited and approved for payment in the amount of

the same being full compensation for our services rendered during the period stated below to the correctness of which we hereby severally certify. - ELEMENTAR ... JON ATM

										_	-
-	39	69,823.50	42.000.00	27823.5							I
	38										T
	23	2,000.00	2,000.00		40%		7/10/15		UBAY II	MARILOU P. BOISER	23
	1	2,000.00	2,000.00		40%		7/10/15		UBAY II	LILIBETH A. BUTIHIN	19
	ã	1,500.00	1,500.00		30%		8/11/15		TUBIGON E	AGNES A. BULILAN	ಫ
	17	11,774.50	2,500.00	9274.5	FULL		TRANS		S-MIGUEL	MARY JANE D. BILAGANTOL	17
	ಕ	2,000.00	2,000.00		40%		7/27/15		JAGNA	MARIA TERESA R. ACERA	6
	55	2,000.00	2,000.00		40%		7/23/15		MARIBOJOC	MAESHELL S. AGOT	15
	7,	2,000.00	2,000.00		40%		7/15/15		CALAPE	DEXIE V. ARSENAL	4
	13	23,549.00	5,000.00	18549	FULL		6/1/15		GETAFE	AIZA A. APARECE	3
	12	2,000.00	2,000.00		40%		7/18/15		GETAFE	KURT RUSSEL M. ABING	73
	=	2,000.00	2,000.00		40%		7/27/15		JAGNA	RUTH C. ACIERTO	⇉
	5	2,000.00	2,000.00		40%		7/27/15		GETAFE	ARCHIE V. AUXTERO	5
	ဖ	1,500.00	1,500.00		30%		8/27/15		CPG	JO CRIS P. AYUBAN	9
	ı a	2,000.00	2,000.00		40%		7/23/15		CARMEN WEST	AILYEEN V. AUXILIO	8
	1	2,000.00	2,000.00		40%		7/23/15		DUERO	MAILA L. ALUPIT	7
	6	1,500.00	1,500.00		30%		8/24/15		CANDIJAY	JACINTO B. AMOGUIS	6
	5	2,000.00	2,000.00		40%		7/21/15		TALIBON II	JOHN PEARLNEL P. AMIT	5
	-	2,000.00	2,000.00		40%		7/24/15		_ CPG	FLOREN JOY M. ALACIDA	4
	ω	2,000.00	2,000.00		40%		7/10/15		TALIBON II	JOHN T. AUTOROZA	ယ
	2	2,000.00	2,000.00		40%		7/27/15		TALIBON II	LEA C. AUZA	2
	_	2,000.00	2,000.00		40%		7/24/15		TRINIDAD	MARGIE M. AURESTILA	-
Payee		IN CASH	GIFT				SERVICE				
o,	õ	PAID	CASH	YEB	*	Days	DAY OF	Claim	DISTRICT	NAME	
Signature		AMOUNT				No. of	FIRST	Nature of	ACCT. NO		
	1										

that the above PAYROLL is correct, and I HEREBY CERTIFY on my official oath

APPROVED

duly rendered. Payment for such services is that the services stated above have been

also hereby approved opriation indicated

Administrative Office APPROVED for p bject to pre-audit:

2012

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Preaudited and approved for payment in the amount of

Division Accountant

ROLANDO G. BAYOEOT

6)

(5) I HEREBY CERTIEY on my official oath that I have paid that payment was made to him in acknowledgment of receipt in cash to each official and employee whose name appears on the above roll the amount set opposite his name, he having signed or marked his name in my presence and at the time VICTORIANO C. CIMENI

OIC - Cashier

employee whose name appears on the above roll I HEREBY CERTIFY on my official oath that each have been paid in cash or in check and in no other mode, the amount opposite his name. The total of

the payments made by means of the payroll

15-12-8236

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	•	99,147.00	43.500.00	55647							
	22	2,000.00	2,000.00		40.00%		7/27/15		TALIBON	MELDRED B. DELA TORRE	20
	19	23,549.00	5,000.00	18549	FULL		6/24/15		DAUIS	CECILIA A. DALENSON	19
	≅	1,500.00	1,500.00		30.00%		8/4/15		BUENAVISTA	MARIA ANA L. DOROY	ī8
	17	23,549.00	5,000.00	18549	FULL		6/1/15		BACLAYON	SOFIA N. DAPUSALA	17 9
	16	1,500.00	1,500.00		30.00%		8/3/15		CANDIJAY	REALYN B. DIVINO	16
	55	1,000.00	1,000.00		20.00%		9/28/15		PILAR	ELSA D. DAMALERIO	15
	4	1,500.00	1,500.00		30.00%		8/4/15		BUENAVISTA	JACQUILOU A. DELA CRUZ	14
	13	2,000.00	2,000.00		40.00%		7/10/15		INABANGA S	RHEZYL N. DIVINAGRACIA	13
	12	1,500.00	1,500.00		40.00%		7/9/15		TALIBON II	RENELYN A. CAINOY	12
	=	1,500.00	1,500.00		30.00%		9/1/15		DAGOHOY	EDSEL L. CAJELO	11
	5	2,000.00	2,000.00		40.00%		7/29/15		TALIBON I	CHIKIZEN B. CAÑETE	10
	မ	2,000.00	2,000.00		40.00%		7/23/15		LOON N	JINEFER S. CAJEGAS	9
	&	2,000.00	2,000.00		40.00%		7/9/15		UBAY II	EPIFANIA B. CUYNO	8
	7	1,500.00	1,500.00		30.00%		8/5/15		BUENAVISTA	MARICEL B. CENTINO	7
	6	1,500.00	1,500.00		30.00%		8/4/15		BUENAVISTA	MA. GINA L. CENIA	6
	55	1,500.00	1,500.00		30.00%		8/5/15		BUENAVISTA	LORDGINA D. CENABRE	On .
	4	2,000.00	2,000.00		40.00%	,	7/16/15		SAGBAYAN	JASMIN N. CALAPAN -	4
	ω	2,000.00	2,000.00		40.00%		7/21/15		INABANGA N	RODEL S. CAMACHO	3
	2	1,500.00	1,500.00		30.00%		8/7/15		S-MIGUEL	ANALIE H. CINCO	2
		23,549.00	5,000.00	18549	FULL		6/29/15		DAUIS	MERRY JOY A. CUADRA	
Payee		IN CASH	GIFT				SERVICE				
oţ.	N _O	PAID	CASH	YEB	*	Days	DAY OF	Claim	DISTRICT	·NAME	
Signature		AMOUNT				No. of	FIRST	Nature of	ACCT, NO		

that the above PAYROLL is correct, and I HEREBY CERTIFY on my official oath

that the services stated above have been

duly rendered. Payment for such services is

also hereby appro cappropriation indicated

Administrative O APPROVED TIN M. ALBI ect to pre-audit:

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Preaudited and approved for payment in the amount of

ROLANDO G. BAYOCOT

Division Accountant

6)

(5) [HEREBY CERTIFY on my official oath that I have paid that payment was made to him in acknowledgment of receipt in cash to each official and employee whose name appears on the above roll the amount set opposite his name, he having signed or marked his name in my presence and at the time VICTORIANO C. CIMENI

employee whose name appears on the above roll I HEREBY CERTIFY on my official oath that each have been paid in cash or in check and in no other mode, the amount opposite his name. The total of

OIC - Cashier

15-12-8238

the payments made by means of the payroll

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	1 20 IDOYLE E. CELOCIA		19 URSULA B. CAPUNO			 												╀═╿╌╿╒┩═┩═╃═┡═╏═ ┪ ╌┩╸ ┩╸┩	╀═╿╒╿╒┩╒┩╒┩╒┩╸┩═┩				
			CAPUNO	CARIAS CAPUNO	CARIAS CAPUNO	SCENCIO	SCENCIO	ELETARIA SCENCIO S	TTAN ELETARIA SCENCIO S	INUAG ITAN ELETARIA SCENCIO S	E BONCALES INUAG ITAN ELETARIA SCENCIO S	E BONCALES INUAG TAN TELETARIA SCENCIO S	IRAN IRAN IRAN INUAG ITAN ITAN IELETARIA IELETARIA IECENCIO IS	ON IRAN E BONCALES INUAG ITAN ITAN SCENCIO S IO	ON IRAN E BONCALES INUAG ITAN ITAN IELETARIA SCENCIO SOENCIO	ON ON IRAN E BONCALES INUAG ITAN ITAN ITAN SCENCIO S IO	TA ON IRAN E BONCALES INUAG TTAN TELETARIA SCENCIO SOCIOLO SOCIOLO	TA TA ON ON IRAN E BONCALES INUAG ITAN ELETARIA SCENCIO SCENCIO	CE R. BONSAY TA TA ON ON E BONCALES INUAG IN	CE R. BONSAY TA ON E BONCALES INUAG ITAN EELETARIA SCENCIO SCENCIO	TOY CE R. BONSAY TA TA BONCALES INUAG INUAG INUAG ITAN IELETARIA SCENCIO SCENCIO	CE R. BONSAY ON ON IRAN E BONCALES INUAG IVAN IVAN IVAN IVAN IVAN IVAN IVAN IVAN	TOY CE R. BONSAY ON IRAN IRAN E BONCALES INUAG ITAN ELETARIA SCENCIO SCENCIO
	MAYOR INO. MENDEZ		PRES. CPG TVSF	DUSITA HS	SIKATUNA HS - TAL DUSITA HS PRES, CPG TVSF	MAYOR CASOYLA HS SIKATUNA HS - TAL DUSITA HS PRES. CPG TVSF	PON. LEOLIGAO HS MAYOR CASOYLA HS SIKATUNA HS - TAL DUSITA HS PRES. CPG TVSF	PON. LEOLIGAO H MAYOR CASOYLA I SIKATUNA HS - TA DUSITA HS PRES. CPG TYSE	FATIMA HS FATIMA HS PON. LEOLIGAO H MAYOR CASOYLA I SIKATUNA HS - TA DUSITA HS PRES. CPG TVSE	PON RAMAOLA SR KATIPUNAN HS FATIMA HS PON. LEOLIGAO HS MAYOR CASOYLA H SIKATUNA HS - TAL DUSITA HS PRES. CPG TVSF													
																							Claim
2/6/15		8/3/15	8/3/15	1	8/5/15	8/4/15	8/12/15 8/4/15 8/5/15	8/12/15 8/12/15 8/4/15 8/5/15	8/4/15 8/7/15 8/12/15 8/4/15 8/5/15	8/11/15 8/4/15 8/7/15 8/12/15 8/4/15 8/5/15	8/7/15 8/11/15 8/4/15 8/7/15 8/12/15 8/5/15	8/5/15 8/7/15 8/11/15 8/4/15 8/12/15 8/5/15	7/28/15 8/5/15 8/5/15 8/11/15 8/11/15 8/12/15 8/12/15 8/5/15	9/29/15 7/28/15 8/5/15 8/7/16 8/11/15 8/4/15 8/12/15 8/5/15	8/25/15 9/29/15 7/28/15 8/5/15 8/11/15 8/4/15 8/12/15 8/5/15	8/25/15 8/25/15 9/29/15 7/28/15 8/5/15 8/7/15 8/11/15 8/12/15 8/12/15 8/4/15	7/30/15 10/5/15 8/25/15 9/29/15 9/29/15 8/5/15 8/11/15 8/4/15 8/12/15 8/12/15	8/10/15 7/30/15 10/5/15 8/25/15 9/29/15 7/28/15 8/5/15 8/11/15 8/11/15 8/12/15 8/12/15 8/12/15	7/28/15 8/10/15 10/5/15 10/5/15 8/25/15 9/29/15 7/28/15 8/5/15 8/7/15 8/11/15 8/11/15 8/12/15 8/12/15 8/12/15	8/5/15 7/28/15 8/10/15 7/30/15 7/30/15 10/5/15 8/25/15 9/29/15 9/29/15 8/5/15 8/11/15 8/11/15 8/12/15 8/12/15 8/12/15	9/2/15 8/5/15 7/28/15 8/10/15 7/30/15 10/5/15 8/25/15 9/29/15 7/28/15 8/5/15 8/5/15 8/11/15 8/12/15 8/12/15 8/12/15 8/12/15	SERVICE 9/2/15 8/5/15 8/5/15 8/10/15 10/5/15 10/5/15 8/25/15 9/29/15 8/5/15 8/7/15 8/11/15 8/11/15 8/11/15 8/12/15 8/12/15 8/12/15 8/12/15	85 84 87 87 88 87 77 97 88 77 88 97
		4	4		3	ω ω	w w w	w w w w	w w w w														Days
- CC-CC-C	30.00%	40.00%	40.00%	30.00%	30 000/	30.00%	30.00%	30.00% 30.00% 30.00%	30.00% 30.00% 30.00% 30.00%	30.00% 30.00% 30.00% 30.00% 30.00%	30.00% 30.00% 30.00% 30.00% 30.00%	30.00% 30.00% 30.00% 30.00% 30.00% 30.00%	30.00% 30.00% 30.00% 30.00% 30.00% 30.00% 30.00%	20.00% 40.00% 30.00% 30.00% 30.00% 30.00% 30.00% 30.00%	30.00% 20.00% 40.00% 30.00% 30.00% 30.00% 30.00% 30.00% 30.00%	30.00% 20.00% 40.00% 30.00% 30.00% 30.00% 30.00% 30.00% 30.00%	40.00% 10.00% 30.00% 20.00% 40.00% 30.00% 30.00% 30.00% 30.00% 30.00%	30.00% 40.00% 10.00% 30.00% 20.00% 40.00% 30.00% 30.00% 30.00% 30.00% 30.00% 30.00%	40.00% 30.00% 40.00% 10.00% 20.00% 40.00% 40.00% 30.00% 30.00% 30.00% 30.00% 30.00%	30.00% 40.00% 40.00% 40.00% 10.00% 30.00% 20.00% 30.00% 30.00% 30.00% 30.00% 30.00% 30.00%	30.00% 40.00% 40.00% 40.00% 40.00% 40.00% 20.00% 30.00% 30.00% 30.00% 30.00% 30.00% 30.00% 30.00%	30.00% 30.00% 40.00% 40.00% 10.00% 20.00% 30.00% 30.00% 30.00% 30.00% 30.00% 30.00%	30.00% 30.00% 40.00% 40.00% 40.00% 30.00% 30.00% 30.00% 30.00% 30.00% 30.00% 30.00%
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																						Payee	of Payee

I HEREBY CERTIFY on my official oath

that the above PAYROLL is correct, and

that the services stated above have been

duly rendered. Payment for such services is

also hereby ap roved from the appropriation indicated

, 2012

ject to pre-audit:

Preaudited and approved for payment in the amount of

 $\widehat{\Xi}$

WILFREDA D. BONGALOS

ROLANDO G. BAXOCOT

Division Accountant

(6)

(5) I HEREBY CERTIFY on my official oath that I have paid

that payment was made to him in acknowledgment of receipt in cash to each official and employee whose name appears on the above roll the amount set opposite his name, he having signed or marked his name in my presence and at the time

VICTORIANO C. CIMENI

OIC - Cashier

lave been paid in cash or in check and in no other the payments made by means of the payroll employee whose name appears on the above roll I HEREBY CERTIFY on my official oath that each mode, the amount opposite his name. The total of

15-12-8243

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ne total of	La az	the payments made by means of the payroll (20 32).	he payments made l	· · · · · · · · · · · · · · · · · · ·	,					Preaudited and approved for payment in the amount of
-	o cale	have been paid in cash of in Check and in 10 one	t the page page	,) and a
	****	ash or in check and in a	have been naid in co	(A)			Ġ	50.32.G		ger fact ti
	e roll	employee whose name appears on the above roll	mployee whose nar	•					to pre-audit:	APPROVED for, ment subject to p
	each	I HEREBY CERTIFY on my official oath that each	HEREBY CERTIFY		Division Accountant	Division			and the second	Administrative Office
and the second	ashier	OIC - Cashier		OT	BAYOC	VDO G.	ROLANDO G. BAYOCO	1	Al manyana	FERMIN M. ALBUT
CIMEN	VICTORIANO C. CIMENI	VICTOR			<u></u>	dermontes des la carl			Wash Name	
of receipt	edgment (that payment was made to him in acknowledgment of receipt	that payment was r		And the second		olc / sps		ndicated	also hereby approved from the and printing in
the time	ce and at	signed or marked his name in my presence and at the time	signed or marked		SOT). BONG	WILFREDA D. BONGALOS	- 973 -		duly rendered. Payment for such services is
e having	name, h	the above roll the amount set opposite his name, he having	the above roll the		#Urinote@doss	J		The second secon		that the services stated above have been
appears on	se name	in cash to each official and employee whose name appears on	in cash to each off		·2		. .	APPROVED:		that the above PAYROLL is correct, and
have paid	th that I I	5) I HEREBY CERRIFY on my official oath that I have paid	(5) I HEREBY CER	,		•				I HEREBY CERTIFY on my official oath
	39	108,921.50	44,000.00	64921.5						
	38	トレノ	And the second							
	20	23,549.00	5,000.00	18549	FULL		6/3/15		сре	20 CHIFRED P. CADENAS
	19	A,500.00	1,500.00		30%		8/11/15		ALBUR	19 GIRLIE L. CAGOCO
	1 8	23,549.00	5,000.00	18549	FULL		6/1/15		DANAO	18 JOVELYN B. CAJELO
	17	2,000.00	2,000.00		40%		7/27/15		BALILIHAN	17 CHRISTINE A. CIMENI
	ත් ත්	_1,000.0 0	1,000.00		20%		9/9/15		CANDIJAY	16 MERCY B. CASTOLO
	15	2,000.00	2,000.00		40%		7/20/15		ALICIA	15 SUSANA A. BUTIHEN
	14	.4,500.00	1,500.00		30%		8/7/15		UBAY	14 MADLYN R. BUGHAO
	ಪ	-2,000.00	2,000.00		40%		7/20/15		GUINDULMAN	13 EVELYN A. BESINGA
	12	A,500.00	1,500.00		30%		9/2/15		GUINDULMAN	12 PERLITA J. BESAS
	=	2,000.00	2,000.00		40%		7/14/15		SAGBAYAN	11 MYLENE B. BUDIAS
	ö	A,500.00	1,500.00		30%		8/4/15		UBAY I	10 ANA LOURDES S. BOYLES
	ထ	1,500.00	1,500.00		30%		8/6/15		CPG	9 DARLENE Z. BERNANTE
	ω	2,000.00	2,000.00		40%		7/16/15		GUINDULMAN	8 MERCEDES A. BADILLA
	7	A,000.00	1,000.00		20%		9/18/15		CARMEN WEST	7 MARIA CONSUELO A. BAUTISTA
	on l	23,549.00	5,000.00	18549	FULL		6/1/15		I AVBN	6 EVELYN L. BITANCOR
	S	A1,774.50	2,500.00	9274.5	TRANS		7/1/15		LOON NORTH	5 NESTOR E. BLORECIA
	4	2,000.00	2,000.00		40%		7/20/15		INABANGA N	4 GIOVANNI P. BAYOT
	ω	A,000.00	1,000.00		20%		9/7/15		CARMEN	3 JULIETA B. BLANTUCAS
	2	-2,000.00	2,000.00		40%		7/29/15		DIMIAO	2 ELISA L. BACSAL
	-	2,000.00	2,000.00		40%		7/24/15		CORTES	1 JESSIE H. BATINGAL
Payee		IN CASH	GIFT				SERVICE			
of '	₹	PAID	CASH	YEB	%	Days	DAY OF	Claim	DISTRICT	NAME
Signature		AMOUNT				No. of	FIRST	Nature of	ACCT, NO	
かるから	(MTANC	ELEMENTAR	erally certify	hereby seve	urrectness of which we hereby severally certify El		d during the period stated belov	the same being, full compensation for our services rendered during the period stated below to to

We tieren acknowlenden in have received from Chopora

עדרועבת, עו שפעבע - שעוועב, מום פעווו מפופוני פעי יע עףעיפונס עמו ופפעפעווים ומווופפ,

112 11012

e sa	the same being full compensation for our services rendered during the period stated below to the correctness of which we hereby severally certify SELONDARY - NOW ATM	endered during the period stated b	elow to the a	prrectness of which	h we hereby seve	rally certify SEC	ONDARY - NON	ATM			
		ACCT. NO	Nature of	FIRST	No. of				AMOUNT		Signature
	NAME	DISTRICT	Claim	DAY OF	Days	%	YEB	CASH	PAID	8	۹,
				SERVICE				GIFT	IN CASH		Payee
	SARAH JOY L. SALVA	CATABAN INT. SCH		8/11/15		30.00%		1,500.00	1,500.00		
2	SARAH I. SALISID	PAMILACAN HS		8/18/15		30.00%		1,500.00	1,500.00	2	
ω	MARITES P. TORREON	PANDANON HS		9/18/15		20.00%	7	1,000.00	1,000.00	ω	
4	JOHN PAUL P. TINAMPAY	LUBANG NHS		9/2/15		20.00%		1,000.00	1,000.00	4	
Çī	JHUN TABADA	KINAN-OAN HS		7/30/15		40.00%		2,000.00	2,000.00	ა	
െ	MARIA FE P. TARAY	LUBANG NHS		8/11/15		30.00%		1,500.00	1,500.00	တ	
7	LEWANIE O. VASQUEZ	CANDABONG NHS		8/4/15		30.00%		1,500.00	1,500.00	7	
∞	WALTER R. VIRADOR	KATIPUNAN NHS		8/17/15		30.00%		1,500.00	1,500.00	œ	
ဖ	ÁPPLE JEAN G. YECYEC	DIMIAO NHS		8/17/15		30.00%		1,500.00	1,500.00	9	
ਰ	NOE D. VIRADOR	DUSITA NHS		8/13/15		30.00%		1,500.00	1,500.00	10	
								14,500.00	14,500.00) 39	

HEREBY CERTIFY on my official oath

that the above PAYROLL is correct, and

that the services stated above have been

duly rendered. Payment for such services is

also hereby approved from the appropriation indicated

Administrative Officer V FERMIN M. ALBUTRA

APPROVED for payment subject to pre-audit:

3

Preaudited and approved for payment in the amount of

APPROVED:

(5) I HEREBY CERTIFY on my official oath that I have paid

in cash to each official and employee whose name appears on

WILFREDA D. BONGALOS

OIC - SDS

ROLANDO GEBAYOCOT

Division Accountant

6)

VICTORIANO C. CIMENI

that payment was made to him in acknowledgment of receipt

signed or marked his name in my presence and at the time the above roll the amount set opposite his name, he having

OIC - Cashier

lave been paid in cash or in check and in no other the payments made by means of the payroll employee whose name appears on the above roll I HEREBY CERTIFY on my official oath that each mode, the amount opposite his name. The total of

the negative devination in the interpretation of the property of the

the same being full compensation for our services rendered during the period stated below to the correctness of which we hereby severally certify. - ELEMENTAh. JON ATM

		9,500.00	9,600,00								_
	ī	1,000,00	1,000.00		20.00%		10/1/15		MABINI	ROSENDO T. LIBRES	4
	13	1,000.00	1,000.00		20.00%		9/11/15		ANDA	MARIANNE AURORA J. TIMA-AN	ಘ
	īΰ	500.00	500.00		10.00%		10/7/15		BULILIS HS	CHERRYBELLE T. MANGAYA-AY	12
	⇉	500.00	500.00		10.00%		10/16/15		CAGTING HS	JAY Q. PEDOCHE	11
	ਰ	500.00	500.00		10.00%		10/15/15		CANDUNGAO HS	LUCILLE MAE L. CURATO	10
	ြဖ	500.00	500.00		10.00%		10/21/15		PRES, CPG HS	GERALDINE O. OREVILLO	9
		1,500.00	1,500.00		30.00%		8/5/15		MAYOR, C. CASOYLA	EVELYN D. IBALE	8
	7	500.00	500.00		10.00%		10/2/15		GETAFE	MA. JEAN T. TORCENDE	7
	6	500.00	500.00		10.00%		9/29/15		TALIBON II	GINNAR V. REVILLES	6
	5	500.00	500.00		10.00%		10/6/15		GUINDULMAN	RASHEILL B. PAYOT	5
	-	1,000.00	1,000.00		20.00%		9/28/15		SEVILLA	CATHERINE MAY B. PACATANG	4
	3	500.00	500.00		10.00%		10/22/15		TALIBONI	GRACE B. BA-AY	3
	~	500.00	500.00		10.00%		10/6/15		GETAFE	EBELLIA A. ARELLANO	2
		500.00	500.00		10.00%		10/1/15	င်	TALIBONI	MARISSA A. ASCENCION	-
Payee		IN CASH	GIFT				SERVICE				4.7
으	š	PAID	CASH	YEB	%	Days	DAY OF	Claim	DISTRICT	NAME	
Signature		AMOUNT				No. of	FIRST	Nature of	ACCT. NO		

I HEREBY CERTIFY on my official oath

that the above PAYROLL is correct, and

that the services stated above have been

duly rendered. Payment for such services is

also hereby approved from the appropriation indicated

MIN M. ALBUTRA

Administrative Officer V

3

Preaudited and

APPROVED for payment subject to pre-audit:

计分别的 的名词数印象

in the amount of

THE RESERVE AND ADDITION

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WILFREDA D. BONGALOS

ROLANDO G. BAYDOOT

Division Accountant

(6)

employee whose name appears on the above roll I HEREBY CERTIFY on my official oath that each

OIC - Cashier VICTORIANO C. CIMENI

(5) I HEREBY CERUIFY on my official oath that I have paid

that payment was made to him in acknowledgment of receipt the above roll the amount set opposite his name, he having in cash to each official and employee whose name appears on signed or marked his name in my presence and at the time

the payments made by means of the payroll have been paid in cash or in check and in no other mode, the amount opposite his name. The total of