

Daped, DIVISION OF NEGROS ORIENTAL


We hereby acknowledge to have received from SALUSTIANO T. JIMENEZ, CJC - Assistant Regional Director, Concurrent Schools Division Superintendent, Daped, Division of Negros Oriental the sum herein specified opposite names, the same being full payment of 2016 Accreditation and Equivalency (A & E) Test Orientation & Examination Allowance for November 24 & 25, 2017

District: **SAN JOSE**

No.	NAMES			Designation	School	HONORARIUM			TOTAL	Signature of Payee	No.
	LAST NAME	FIRST NAME	M.I.			Orientation	Meal/Transportation Allowance	Examination Day			
1	BILANDAL	LOURDES		Rm. Examiner		400.00	400.00	500.00	400.00	1,700.00	1
2	CABATINGAN	MYLENE		Rm. Examiner		400.00	400.00	500.00	400.00	1,700.00	2
3	CALITZEN	SEGUNDIRA		Rm. Examiner		400.00	400.00	500.00	400.00	1,700.00	3
4	CORTON	HAZEL		Rm. Examiner		400.00	400.00	500.00	400.00	1,700.00	4
5	GREPON	ESTRELLA		Rm. Examiner		400.00	400.00	500.00	400.00	1,700.00	5
6	GRESULA	MA. ALORA		Rm. Examiner		400.00	400.00	500.00	400.00	1,700.00	6
7	PATROCINIO	MARY JANE		Rm. Examiner		400.00	400.00	500.00	400.00	1,700.00	7
8	PIALOGO	VICTORIA		Rm. Examiner		400.00	400.00	500.00	400.00	1,700.00	8
9	TALORETE	CELERINA		Rm. Examiner		400.00	400.00	500.00	400.00	1,700.00	9
TOTAL									15,300.00		

I HEREBY CERTIFY on my official oath that the above PAYROLL is correct, and that services above have been duly incurred. Payment for such services is also hereby approved from the appropriation indicated.

Date: _____


SALUSTIANO T. JIMENEZ, CESO VI
 Office of the Asst. Regional Director
 Concurrent, Schools Division Superintendent

Date: _____

Alicia M. Sagolili
 Cashier III

I HEREBY CERTIFY on my official oath that each employee whose names appears on the above roll has been paid in cash or in check mode, the amount above opposite his names. The total of the payments made by me this payroll amount to P_____ pesos only.

Date: _____

Alicia M. Sagolili
 Cashier III

DepEd, DIVISION OF NEGROS ORIENTAL

MRS MRS 10390123
12/27/17

We hereby acknowledge to have received from SALUSTIANO T. JIMENEZ, OIC - Assistant Regional Director, Concurrent Schools Division Superintendent, DepEd, Division of Negros Oriental the sum herein specified opposite names, the same being full payment of 2016 Accreditation and Equivalency (A & E Test Orientation & Examination Allowance for November 24 & 25, 2017

District: **BACONG DAUIN**

No.	NAMES			Designation	School	HONORARIUM			TOTAL	Signature of Payee	No.
	LAST NAME	FIRST NAME	M.I.			Orientation	Meal/Transportation Allowance	Examination Day			
1	TINGUHA	MARIA PEARLIE		Rm. Examiner	Bacong CS	400.00	400.00	500.00	400.00	1,700.00	1
2	VENTURA	JOSEPHINE		Rm. Examiner	Bacong CS	400.00	400.00	500.00	400.00	1,700.00	2
3	BATO	FRORABEL		Rm. Examiner	Bacong CS	400.00	400.00	500.00	400.00	1,700.00	3
4	TINDOC	FELIZA		Rm. Examiner	Bacong CS	400.00	400.00	500.00	400.00	1,700.00	4
5	TRINIDAD	ELINETH		Rm. Examiner	Bacong CS	400.00	400.00	500.00	400.00	1,700.00	5
6	MONTGREGIO	MELICIO		Rm. Examiner	Buntod ES	400.00	400.00	500.00	400.00	1,700.00	6
7	BENDIJO	EVELYN		Rm. Examiner	Buntod ES	400.00	400.00	500.00	400.00	1,700.00	7
8	SASTRILLO	VIRGIE		Rm. Supervisor	Buntod ES	400.00	400.00	500.00	400.00	1,700.00	8
9	BALLOLA	GILBERT		Rm. Examiner	Buntod ES	400.00	400.00	500.00	400.00	1,700.00	9
10	TANIO	SAMANTHA LOUISE		Rm. Examiner	Calangag ES	400.00	400.00	500.00	400.00	1,700.00	10
11	VERZANO	RUPINO		Rm. Examiner	Sacac ES	400.00	400.00	500.00	400.00	1,700.00	11
12	REBUTIAO	RINA MIDEUTIH		Rm. Examiner	Sacac ES	400.00	400.00	500.00	400.00	1,700.00	12
13	MORADOS	LENITH		Rm. Examiner	Magsaysay ES(Dauin)	400.00	400.00	500.00	400.00	1,700.00	13
TOTAL										22,100.00	

I HEREBY CERTIFY on my official oath that the above PAYROLL is correct, and that services above have been duly incurred. Payment for such services is also hereby approved from the appropriation indicated.

Date: _____

SALUSTIANO T. JIMENEZ, CESO VI
OIC-Office of the Asst. Regional Director
Concurrent, Schools Division Superintendent

(2) I HEREBY CERTIFY on my oath that I have paid in cash to each official and employees whose names appears on the above roll, the amount set opposite his name, he or she having signed or marked his name above my presence and at the time that payment was made in acknowledgement of receipt of the money paid to him.

Date: _____

AUCIA M. SAGOLILI
Cashier III

I HEREBY CERTIFY on my official oath that each employee whose names appears on the above roll has been paid in cash or in check mode, the amount above opposite his names. The total of the payments made by me this payroll amount to (P _____) pesos only.

Date: _____

AUCIA M. SAGOLILI
Cashier III

Daped, DIVISION OF NEGROS ORIENTAL


We hereby acknowledge to have received from SALUSTIANO T. JIMENEZ, OIC - Assistant Regional Director, Concurrent Schools Division Superintendent, Daped, Division of Negros Oriental the sum herein specified opposite names, the same being full payment of 2016 Accreditation and Equivalency (A & E) Test Orientation & Examination Allowance for November 24 & 25, 2017

District: **SIBULAN 1**

No.	NAMES			Designation	School	HONORARIUM			TOTAL	Signature of Payee	No.
	LAST NAME	FIRST NAME	M.I.			Orientation	Meal/Transportation Allowance	Examination Day			
1	CULLI	FRETZIE		Rm. Examiner	Boloboc ES	400.00	400.00	500.00	400.00	1,700.00	1
2	RECABURDA	DINAH		Rm. Examiner	Calabugan ES	400.00	400.00	500.00	400.00	1,700.00	2
3	DICEN	CONCEPCION		Rm. Examiner	Cangnating ES	400.00	400.00	500.00	400.00	1,700.00	3
4	JANGUIN	DEXTER		Rm. Examiner	Cangnating ES	400.00	400.00	500.00	400.00	1,700.00	4
5	CARINO	JEAN		Rm. Examiner	Mastog ES	400.00	400.00	500.00	400.00	1,700.00	5
6	ABLONG	RITAFEV		Rm. Examiner	Sibulan CS	400.00	400.00	500.00	400.00	1,700.00	6
7	DIVINIGRACIA	ALBERT		Rm. Examiner	Sibulan CS	400.00	400.00	500.00	400.00	1,700.00	7
8	FRIOLANITA	JULIE ANN		Rm. Examiner	Sibulan CS	400.00	400.00	500.00	400.00	1,700.00	8
9	ICUIO	RAHIEMA		Rm. Examiner	Sibulan CS	400.00	400.00	500.00	400.00	1,700.00	9
10	LIMBA	JACKLYN		Rm. Supervisor	Sibulan CS	400.00	400.00	500.00	400.00	1,700.00	10
11	MENDEZ	SHEILA MAY		Rm. Examiner	Sibulan CS	400.00	400.00	500.00	400.00	1,700.00	11
12	MERCADO	MARCELITA		Rm. Examiner	Sibulan CS	400.00	400.00	500.00	400.00	1,700.00	12
13	VILAR	IVY		Rm. Examiner	Sibulan CS	400.00	400.00	500.00	400.00	1,700.00	13
14	ERECITO	MARIBEL		Rm. Supervisor	Sibulan NHS	400.00	400.00	500.00	400.00	1,700.00	14
TOTAL									23,800.00		

I HEREBY CERTIFY on my official oath that the above PAYROLL is correct, and that services above have been duly incurred. Payment for such services is also hereby approved from the appropriation indicated.

Date: _____


SALUSTIANO T. JIMENEZ, CESO VI
 OIC-Office of the Asst. Regional Director
 Concurrent, Schools Division Superintendent

I HEREBY CERTIFY on my official oath that each employee whose names appears on the above roll has been paid in cash or in check mode, the amount above opposite his names. The total of the payments made by me this payroll amount to (P _____) pesos only.

Date: _____

AUCIA M. SAGOLILI
 Cashier III

(2) I HEREBY CERTIFY on my oath that I have paid in cash to each official and employees whose names appears on the above roll, the amount set opposite his name, he or she having signed or marked his name above my presence and at the time that payment was made in acknowledgement of receipt of the money paid to him.

Date: _____

AUCIA M. SAGOLILI
 Cashier III

We hereby acknowledge to have received from SAUSTIANO T. JIMENEZ, OIC - Assistant Regional Director, Concurrent Schools Division Superintendent, DepEd, Division of Negros Oriental the sum herein specified opposite names, the same being full payment of 2016 Accreditation and Equivalency (A & E) Test Orientation & Examination Allowance for November 24 & 26, 2017

District: VALENCIA

No.	NAMES			Designation	School	HONORARIUM				TOTAL	Signature of Payee	No.
	LAST NAME	FIRST NAME	M.I.			Orientation	Meal/Transportation Allowance	Examination Day	Meal/Transportation Allowance			
1	CUEVAS	EPIFANIA		Chief Examiner	Valencia NHS	400.00	400.00	500.00	400.00	1,700.00		1
2	AYCARDO	JENNIEVER		Rm. Examiner	Valencia NHS	400.00	400.00	500.00	400.00	1,700.00		2
3	CABEBE	JESUS JR.		Rm. Examiner	Valencia NHS	400.00	400.00	500.00	400.00	1,700.00		3
4	LASTIMOSA	MARY LOVLIN		Rm. Examiner	Valencia NHS	400.00	400.00	500.00	400.00	1,700.00		4
5	MONTICINO	SHERLENE		Rm. Examiner	Valencia NHS	400.00	400.00	500.00	400.00	1,700.00		5
6	TILLOS	GAUDIOSA		Rm. Examiner	Valencia NHS	400.00	400.00	500.00	400.00	1,700.00		6
7	TINDUGAN	JENNIFER		Rm. Examiner	Valencia NHS	400.00	400.00	500.00	400.00	1,700.00		7
8	UBAG	RIZZA JEAN		Rm. Examiner	Dobdod HS	400.00	400.00	500.00	400.00	1,700.00		8
9	TILLOS	SARAH JEAN		Rm. Examiner	Dobdod HS	400.00	400.00	500.00	400.00	1,700.00		9
10	CABALLEGAN	JOSIE		Rm. Supervisor	Valencia NHS	400.00	400.00	500.00	400.00	1,700.00		10
11	VILLIRAN	JENNY		UTILITY	Valencia NHS	400.00	400.00	500.00	400.00	900.00		11
12	DAGOY	ANTONIA		UTILITY	Valencia NHS	400.00	400.00	500.00	400.00	900.00		12
13	DAWISAN	LUIS EDWIN		Security Guard	Valencia NHS	400.00	400.00	500.00	400.00	900.00		13
TOTAL										19,700.00		

I HEREBY CERTIFY on my official oath that the above PAYROLL is correct, and that services above have been duly incurred. Payment for such services is also hereby approved from the appropriation indicated.

Date: _____

SAUSTIANO T. JIMENEZ, CESO VI
 OIC-Office of the Asst. Regional Director
 Concurrent, Schools Division Superintendent

(2) I HEREBY CERTIFY on my oath that I have paid in cash to each official and employees whose names appears on the above roll, the amount set opposite his name, he or she having signed or marked his name above my presence and at the time that payment was made in acknowledgement of receipt of the money paid to him.

Date: _____

ALICIA M. SAGOLILI
 Cashier III

I HEREBY CERTIFY on my official oath that each employee whose names appears on the above roll has been paid in cash or in check mode, the amount above opposite his names. The total of the payments made by me this payroll amount to P_____ passes only.

Date: _____

ALICIA M. SAGOLILI
 Cashier III

DepEd, DIVISION OF NEGROS ORIENTAL

We hereby acknowledge to have received from SALUSTIANO T. JIMENEZ, OIC - Assistant Regional Director, Concurrent Schools Division Superintendent, DepEd, Division of Negros Oriental the sum herein specified opposite names, the same being full payment of 2016 Accreditation and Equivalency (A & E) Test Orientation & Examination Allowance for November 24 & 25, 2017

District: **SIBULAN 2**

No.	NAMES			Designation	School	HONORARIUM			TOTAL	Signature of Payee	No.	
	LAST NAME	FIRST NAME	M.I.			Orientation	Meal/Transportation Allowance	Examination Day				Meal/Transportation Allowance
1	DIMATUJAC	GLYSELLE FAITH	C	Rm. Examiner	Cambalao ES	400.00	400.00	500.00	400.00	1,700.00	1	
2	ALONSO	GEA		Rm. Examiner	Magsaysay CS	400.00	400.00	500.00	400.00	1,700.00	2	
3	JUSTAN	JONNELL		Rm. Examiner	Magsaysay CS	400.00	400.00	500.00	400.00	1,700.00	3	
4	VIDAMO	NOLLY		Rm. Examiner	Magsaysay CS	400.00	400.00	500.00	400.00	1,700.00	4	
5	GRAVADOR	ROMULA		Rm. Examiner	Tobudon ES	400.00	400.00	500.00	400.00	1,700.00	5	
TOTAL										8,500.00		

I HEREBY CERTIFY on my official oath that the above PAYROLL is correct, and that services above have been duly incurred. Payment for such services is also hereby approved from the appropriation indicated.

Date: _____


SALUSTIANO T. JIMENEZ, CESO VI
 OIC-Office of the Asst. Regional Director
 Concurrent, Schools Division Superintendent

(2) I HEREBY CERTIFY on my oath that I have paid in cash to each official and employees whose names appears on the above roll, the amount set opposite his name, he or she having signed or marked his name above my presence and at the time that payment was made in acknowledgement of receipt of the money paid to him.

Date: _____

AUCIA M. SAGOLILI
 Cashier III

I HEREBY CERTIFY on my official oath that each employee whose names appears on the above roll has been paid in cash or in check mode, the amount above opposite his names. The total of the payments made by me this payroll amount to (P _____) pesos only.

Date: _____

AUCIA M. SAGOLILI
 Cashier III

DepEd, Division of Negros Oriental

We hereby acknowledge to have received from SALUSTIANO T. JIMENEZ, OIC - Assistant Regional Director, Concurrent Schools Division Superintendent, DepEd, Division of Negros Oriental the sum herein specified opposite names, the same being full payment of 2016 Accreditation and Equivalency (A & E) Test Orientation & Examination Allowance for November 24 & 25, 2017

District: **ZAMBOANGUITA**

No.	NAMES			Designation	School	HONORARIUM			TOTAL	Signature of Payee	No.
	LAST NAME	FIRST NAME	M.I.			Orientation	Meal/Transportation Allowance	Examination Day			
1	ENCLAY	ANDREA		Rm. Examiner	Caladlas ES	400.00	400.00	500.00	400.00	1,700.00	1
2	DE JESUS	IRISHLYN		Rm. Examiner	Felix M. Tio MES	400.00	400.00	500.00	400.00	1,700.00	2
3	VILLAMIL	MARGIE		Rm. Examiner	Felix M. Tio MES	400.00	400.00	500.00	400.00	1,700.00	3
4	PARTOSA	ALFREDO		Rm. Examiner	Felix M. Tio MES	400.00	400.00	500.00	400.00	1,700.00	4
5	BANTAYA	CAROLYN SOCCORNO		Rm. Examiner	Maluay ES	400.00	400.00	500.00	400.00	1,700.00	5
6	ELMA	MARY JANE		Rm. Examiner	Maluay ES	400.00	400.00	500.00	400.00	1,700.00	6
7	ELNAS	CLARINDA		Rm. Supervisor	Maluay ES	400.00	400.00	500.00	400.00	1,700.00	7
8	ALAM-ALAM	JUJUA		Rm. Examiner	Nabago ES	400.00	400.00	500.00	400.00	1,700.00	8
9	CAFINO	CRISTINA		Rm. Examiner	Nabago ES	400.00	400.00	500.00	400.00	1,700.00	9
10	TAAN	CRISILDA		Rm. Examiner	Nabago ES	400.00	400.00	500.00	400.00	1,700.00	10
11	BANOGON	ELIZABETH		Rm. Examiner	Zamboanguita CS	400.00	400.00	500.00	400.00	1,700.00	11
12	BANTAYA	BERARDITA		Rm. Examiner	Zamboanguita CS	400.00	400.00	500.00	400.00	1,700.00	12
13	ELUM	CRISTOFFER		Rm. Examiner	Zamboanguita CS	400.00	400.00	500.00	400.00	1,700.00	13
14	VILLANUEVA	PEARL		Rm. Examiner	Zamboanguita CS	400.00	400.00	500.00	400.00	1,700.00	14
TOTAL									23,800.00		

I HEREBY CERTIFY on my official oath that the above PAYROLL is correct, and that services above have been duly incurred. Payment for such services is also hereby approved from the appropriation indicated.

Date: _____

SALUSTIANO T. JIMENEZ, CESO VI
 OIC-Office of the Asst. Regional Director
 Concurrent, Schools Division Superintendent

(2) I HEREBY CERTIFY on my oath that I have paid in cash to each official and employees whose names appears on the above roll, the amount set opposite his name, he or she having signed or marked his name above my presence and at the time that payment was made in acknowledgement of receipt of the money paid to him.

Date: _____

ALICIA M. SAGOLILI
 Cashier III

I HEREBY CERTIFY on my official oath that each employee whose names appears on the above roll has been paid in cash or in check mode, the amount above opposite his names. The total of the payments made by me this payroll amount to (P _____) pesos only.

Date: _____

ALICIA M. SAGOLILI
 Cashier III

DepEd, DIVISION OF NEGROS ORIENTAL

We hereby acknowledge to have received from SALUSTIANO T. JIMENEZ, OIC - Assistant Regional Director, Concurrent Regional Director, Concurrent School Division Superintendent, DepEd, Division of Negros Oriental the sum herein specified opposite names, the same being full payment of 2016 Accreditation and Equivalency (A & E) Test Orientation & Examination Allowance for November 24 & 26, 2017

District: **NOHS**

No.	NAMES			Designation	School	HONORARIUM		HONORARIUM		TOTAL	Signature of Payee	No.
	LAST NAME	FIRST NAME	M.I.			Orientation	Meal/Transportation Allowance	Examination Day	Meal/Transportation Allowance			
1	JONGCO	ARNOLD	R	Principal	NOHS	400.00	400.00	500.00	400.00	1,700.00		1
2	ALABATA	VIRGLIO		Chief Examiner	NOHS	400.00	400.00	500.00	400.00	1,700.00		2
3	ARANAS	ANTONIO		Rm. Examiner	NOHS	400.00	400.00	500.00	400.00	1,700.00		3
4	AVANZADO	ANA LISA		Rm. Supervisor	NOHS	400.00	400.00	500.00	400.00	1,700.00		4
5	BEAR	MARIA LUZ		Rm. Examiner	NOHS	500.00	400.00	500.00	400.00	900.00		5
6	CATAN	AIDA		Rm. Examiner	NOHS	400.00	400.00	500.00	400.00	1,700.00		6
7	ELUM	ROSEMARIE	O	Rm. Examiner	NOHS	500.00	400.00	500.00	400.00	900.00		7
8	FUNDADOR	LUCILL		Rm. Examiner	NOHS	400.00	400.00	500.00	400.00	1,700.00		8
9	LOPEZ	DAISY		Rm. Examiner	NOHS	400.00	400.00	500.00	400.00	1,700.00		9
10	PRINIL	FREDERICK		Rm. Examiner	NOHS	400.00	400.00	500.00	400.00	800.00		10
11	YBONA	MA. CONNIE		Rm. Examiner	NOHS	400.00	400.00	500.00	400.00	1,700.00		11
12	ABONEMERITO	ARNOLFO JR.		Utility Worker	NOHS	400.00	400.00	500.00	400.00	900.00		12
13	BUENO	CHARRY		Utility Worker	NOHS	500.00	400.00	500.00	400.00	900.00		13
14	BUENO	JASON	E	Utility Worker	NOHS	500.00	400.00	500.00	400.00	900.00		14
15	PAGINAWAN	JEFFREY		Utility Worker	NOHS	500.00	400.00	500.00	400.00	900.00		15
16	SANCHEZ	JESUS JR.		Security Guard	NOHS	500.00	400.00	500.00	400.00	900.00		16
TOTAL										20,700.00		

I HEREBY CERTIFY on my official oath that the above PAYROLL is correct, and that services above have been duly incurred. Payment for such services is also hereby approved from the appropriation indicated.

(2) I HEREBY CERTIFY on my oath that I have paid in cash to each official and employees whose names appears on the above roll, the amount set opposite his name, he or she having signed or marked his name above my presence and at the time that payment was made in acknowledgement of receipt of the money paid to him.

Date: _____

Date: _____

SALUSTIANO JIMENEZ, CESO VI
OIC-Office of the Asst. Regional Director
Concurrent, Schools Division Superintendent

AUCIA M. SAGOLILI
 Cashier III

I HEREBY CERTIFY on my official oath that each employee whose names appears on the above roll has been paid in cash or in check mode, the amount above opposite his names. The total of the payments made by me this payroll amount to (P _____) pesos only.

Date: _____

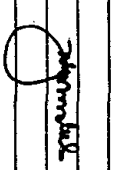

AUCIA M. SAGOLILI
 Cashier III

DepEd, DIVISION OF NEGROS ORIENTAL

We hereby acknowledge to have received from SALUSTIANO T. JIMENEZ, OIC - Assistant Regional Director, Concurrent Schools Division Superintendent, DepEd, Division of Negros Oriental the sum herein specified opposite names, the same being full payment of 2017 Early Language Literacy and Numeracy Assessment (ELNA) Orientation Allowance for December 5, 2017

DO/10790/122

12/27/17

No.	NAMES			Designation	School	DISTRICT	HONORARIUM		TOTAL	Signature of Payee	No.
	LAST NAME	FIRST NAME	M.I.				ORIENTATION				
1	JIMENEZ	SALUSTIANO	T	SDS	DIVISION OFFICE	DIVISION OFFICE	400.00	400.00			1
2	PICARDAL	RACHEL	B	DTC	DIVISION OFFICE	DIVISION OFFICE	400.00	400.00			2
3	SAGOLLILI	ALICE	M	CASHIER	DIVISION OFFICE	DIVISION OFFICE	400.00	400.00			3
4	PIODOS	JENNIFER		ACCOUNTANT	DIVISION OFFICE	DIVISION OFFICE	400.00	400.00			4
5	ANDALAJAO	DENNIS CHARL	F	CHIEF EXAMINER	DIVISION OFFICE	DIVISION OFFICE	400.00	400.00			5
6	ZEMPEO	REGINA CLARINA	E	SUPPORT STAFF	DIVISION OFFICE	DIVISION OFFICE	400.00	400.00			6
7	RUIZ	MARSHA	D	SUPPORT STAFF	DIVISION OFFICE	DIVISION OFFICE	400.00	400.00			7
8	CAÑOLAS	FRIDA	K	DTC	DTC	AMLAN	400.00	400.00			8
9	ARANAS	ROMELA	G	DTC	TAMBO ELEMENTARY SCHOOL	AYUNGON 2	400.00	400.00			9
10	SARDAN	JOSEFAME	T	DTC	BACONG CENTRAL SCHOOL	BACONG	400.00	400.00			10
11	MAXIMO	MONICA	B	DTC	BINDOY CENTRAL SCHOOL	BINDOY 1	400.00	400.00			11
12	AMAHIT	ERICA LOU	S	DTC	TINAGAN ELEMENTARY SCHOOLS	BINDOY 2	400.00	400.00			12
13	MAQUILING	VINGENTE MARTE	T	DTC	PANUBIGAN ES	CANLAON 1	400.00	400.00			13
14	LARONA	RYAN CYRUS	L	DTC	MACARIO ESPANOLA MS	CANLAON 2	400.00	400.00			14
15	BAYLON	ALA	A	DTC	DCCTMES/MABINAY 1	MABINAY 1	400.00	400.00			15
16	CANOY	TROIDES	B	DTC	OLD NAMANGKA ES	MABINAY 3	400.00	400.00			16
17	JORGIO	JONESSA	M	DTC	MABINAY DISTRICT 2	MABINAY 2	400.00	400.00			17
18	CAÑOLAS	GINA	F	SP-2	SAGRADA ELEMENTARY SCHOOL	MANJUYOD 1	400.00	400.00			18
19	MERCADO	MELBA	V	SP-2	MANJUYOD CENTRAL SCHOOL	MANJUYOD 2	400.00	400.00			19
20	DESPOLO	ERNIE ANTONIO	F	DTC	SANJOSE CENTRAL ES	SAN JOSE	400.00	400.00			20
21	QUITAY	MARIA LUZ	E	DTC	LINDY PAUNAR MES	SIATON 1	400.00	400.00			21
22	KIBETE	MA. ROSALIE	C	DTC	FELPE TAKO MEMORIAL SCHOOL	SIATON 2	400.00	400.00			22
23	PAJANTON	NESTOR	R	DTC	MALOH CENTRAL SCHOOL	SIATON 3	400.00	400.00			23
24	ABLAY	ANTONIO	D	DTC	SIBULAN CENTRAL ES	SIBULAN 1	400.00	400.00			24
25	BAGSICAN	CHERRISA	N	DTC	SIBULAN 2	SIBULAN 2	400.00	400.00			25
26	RUBIO	VALERIE	C	SCH. PRINCIPAL	NAGALAYE ES	STA. CAT. 2	400.00	400.00			26
27	ARANAS	JOYCE	R	DTC	STA. CATALINA 1	STA. CATALINA 1	400.00	400.00			27

DepEd, DIVISION OF NEGROS ORIENTAL

I hereby acknowledge to have received from SALUSTIANO T. JIMENEZ, OIC - Assistant Regional Director, Concurrent Schools Division Superintendent, DepEd, Division of Negros Oriental
 herein specified opposite names, the same being full payment of 2017 Early Language Literacy and Numeracy Assessment (ELLNA) Orientation Allowance for December 5, 2017

No.	NAMES	LAST NAME	FIRST NAME	M.I.	Designation	School	DISTRICT	HONORARIUM ORIENTATION	TOTAL	Signature of Payee	No.
28	ROCERO	EVANGELINE		N.	DTC	STA. CATALINA 2	STA. CATALINA 2	400.00	400.00		28
29	ABAD	GEMMA LYN		C.	DTC	STA. CATALINA 2	STA. CATALINA 2	400.00	400.00		29
30	SAGA	PERLITA		O.	DTC	STA. CATALINA 3	STA. CATALINA 3	400.00	400.00		30
31	PARTOSA	TOMAS RAGLIN		D.	DTC	ZAMBOANGUITA CENTRAL SCHOOL	ZAMBOANGUITA	400.00	400.00		31
									12,400.00		

I HEREBY CERTIFY on my official oath that the above PAYROLL is correct, and that services above have been duly incurred. Payment for such services is also hereby approved from the appropriation indicated.

Date: _____

SALUSTIANO T. JIMENEZ, CESO VI
 OIC-Office of the Asst. Regional Director
 Concurrent, Schools Division Superintendent

(2) I HEREBY CERTIFY on my oath that I have paid in cash to each official and employees whose names appears on the above roll, the amount set opposite his name, he or she having signed or marked his name above my presence and at the time that payment was made in acknowledgement of receipt of the money paid to him.

Date: _____

Alicia M. Sagolili
 Cashier III

I HEREBY CERTIFY on my official oath that each employee whose names appears on the above roll has been paid in cash or in check mode, the amount above opposite his names. The total of the payments made by me this payroll amount to (P _____) pesos only.

Date: _____

Alicia M. Sagolili
 Cashier III

**Department of Education
Division of Negros Oriental**

We acknowledge receipt of cash shown opposite our name as full reimbursement of travel expenses incurred for our attendance to the Two-Day Live-in Formation of Consultative and Advisory Bodies (CAB) for IPED Program on Dec. 1-2, 2017. Plaza Maria Luisa Suites Inn, Dgtle. City

Handwritten: 1055 10290124
RBS/H

No	Name of Employee	Designation	Address	Amount	Signature
1	Rostom G. Bornea	Chieftain - Ata Tribe	Canggothob, Mabinyay	345.00	
2	Sita B. Baldado	Elder-Ata Tribe	Canggothob, Mabinyay	345.00	
3	Joving B. Martinez	Elder-Ata Tribe	Canggothob, Mabinyay	345.00	
4	Lernie V. Acabal	Teacher III	Canggothob E/S	320.00	
5	Gil C. Socorro	HT-I	Canggothob E/S	320.00	
6	Mary Ann A. Abodiente	T-I	Minabuto E/S	506.00	
7	Jhonas P. Abodiente	HT-II	Minabuto E/S	506.00	
8	Sharon D. Romano	T-III	Mabato, Ayungon	624.00	
9	Jinky P. Lumintac	T-II	Jinalalud, Neg. Or.	504.00	
10	Flavio B. Jumawan, Jr.	T-I	Carolan, Ayungon	424.00	
	PAGE TOTAL			4,239.00	

(1) I HEREBY CERTIFY on my official oath that the above PAYROLL is correct. I HEREBY CERTIFY on my official oath that each employee / participant whose name appears on the above roll has been paid in cash or in check, and in no other mode the amount opposite his name. Total of the payments made by means of this payroll amounts to **Seven Thousand Three Hundred Seventy-four Pesos only (P 7,374.00).**

LIDA P. SARMIENTO
Administrative Officer V

ALICIA M. SAGOLILI
Cashier III

(2) APPROVED for payment subject to pre-audit.

APPROVED:

MA. JENNIFER P. PIODOS
Accountant III

PROF. SALUSTIANO S. JIMENEZ, CESO VI

*in-Office of the Assistant Regional Director &
Concurrent Schools Division Superintendent*

**Department of Education
Division of Negros Oriental**

We acknowledge receipt of cash shown opposite our name as full reimbursement of travel expenses incurred for our attendance to the Two-Day Live-in Formation of Consultative and Advisory Bodies (CAB) for IPEd Program on Dec. 1-2, 2017, Plaza Maria Luisa Suites Inn, Dgtc City

No	Name of Employee	Designation	Address	Amount	Signature
11	Lela T. Mira	HT-I	Animaw E/S, La Libertad	510.00	
12	Pl B. Ib-ib	HT-I	Sto. Tomas E/S, Sta. Catalina	412.00	
13	Dionesio M. Valor	Elder-Bukidnon Tribe	Sta. Catalina	378.00	
14	Mishelle P. Baslag	Chiefain-Ata Tribe	Animaw, La Libertad	542.00	
15	Mecario Hermino	Elder-Bukidnon Tribe	Guinob, La Libertad	513.00	
16	Jameson Candido	Elder-Bukidnon Tribe	Guinob, La Libertad	510.00	
17	Esterlina B. Paragoso	EPS	Division Office	270.00	
	x x x	x x x	x x x	x x x	x x x
	PAGE TOTAL			3,135.00	
	GRAND TOTAL			7,374.00	

(1) I HEREBY CERTIFY on my official oath that the above PAYROLL is correct. I HEREBY CERTIFY on my official oath that each employee / participant whose name appears on the above roll has been paid in cash or in check, an in no other mode the amount opposite his name. Total of the payments made by means of this payroll amounts to *Seven Thousand Three Hundred Seventy-four Pesos only* (P 7,374.00).

LIDA P. SARMIENTO
Administrative Officer V

ALICIA M. SAGOLLILI
Cashier III

(2) APPROVED for payment subject to pre-audit.

APPROVED:

MA. JENNIFER P. PIODOS
Accounts III

SALUSTIANO T. JIMENEZ, CESO VI

OC-Office of the Assistant Regional Director &