

ABOT ALAM - AS OF FEB. 10, 2017

DepEd, DIVISION OF NEGROS ORIENTAL

MDS MUNE CK #
10053604
2/8/17

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 partial payment of Transportation & Teaching Aid Allowance for Abot Alam Implementers (Excess formal Teachers) for the month of January to August 2016.

DIVISION OFFICE

No.	NAMES	Designation	School	Transportation Allowance (P1,688.90/month)	Teaching Aide Allowance (P500.00/month)	TOTAL	Signature of Payee	No.
1	Charlou R. Ballovar	Abot Alam	Ayungon	16,000.00	4,000.00	20,000.00		1
2	Megarbio A. Montano Jr.	Abot Alam	Ayungon	16,000.00	4,000.00	20,000.00		2
3	Creta A. Lajato	Abot Alam	Ayungon	16,000.00	4,000.00	20,000.00		3
4	Julienne D. Abrigana	Abot Alam	Ayungon	16,000.00	4,000.00	20,000.00		4
5	Mildred S. Abella	Abot Alam	Ayungon	16,000.00	4,000.00	20,000.00		5
6	Jerlix R. Cabugnason	Abot Alam	Mabinay IV	16,000.00	4,000.00	20,000.00		6
7	Jonaldin M. Alisna	Abot Alam	Sta. North II	16,000.00	4,000.00	20,000.00		7
	TOTAL			112,000	28,000	140,000		

I HEREBY CERTIFY on my official oath that the above PAYROLL is correct, and that services above 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 official oath that I have paid in cash to each official and employee 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: _____

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Cashier III

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No.	NAMES	Designation	School	Transportation Allowance (P)	Teaching Aide Allowance (P500.00/month)	TOTAL	Signature of Payee	No.
8	Gerlyn Eve B. Tabujara	Abot Alam	Sta. Cat. North II	16,000.00	4,000.00	20,000.00		8
9	Farrah Sheena D. Mercado	Abot Alam	Sta. Cat. North II	16,000.00	4,000.00	20,000.00		9
10	Melody Abrenica	Abot Alam	Sta. Cat. North I	16,000.00	4,000.00	20,000.00		10
X 11	Wileen J. Desales	Abot Alam	Sta. Cat. North I	16,000.00	4,000.00	20,000.00		11
X 12	Albert F. Calumba	Abot Alam	Tayasan	16,000.00	4,000.00	20,000.00		12
X 13	Herbert B. Gargoles	Abot Alam	Tayasan	16,000.00	4,000.00	20,000.00		13
X 14	Floyd S. Samson	Abot Alam	Tayasan	16,000.00	4,000.00	20,000.00		14
	TOTAL			112,000	28,000	140,000		

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DIVISION OFFICE

No.	NAMES	Designation	School	Transportation Allowance (P2000.00/month)	Teaching Aide Allowance (P500.00/month)	TOTAL	Signature of Payee	No.
X 15	Herminia B. Broce	Abot Alam	Siaton East	16,000.00	4,000.00	20,000.00		15
16	Manuel P. Calumba	Abot Alam	Ayungon	16,000.00	4,000.00	20,000.00		16
	TOTAL			32,000	8,000	40,000		

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DIVISION OFFICE

No.	NAMES	Designation	District/School	Transportation Allowance (P2000.00/month)	Teaching Aide Allowance (P500.00/month)	TOTAL	Signature of Payee	No.
1	Angelo L. Bersabal	Abot Alam MT	Amlan District	6,000	1,500	7,500		1
2	Randy Teves	Abot Alam MT	Ayungon District	6,000	1,500	7,500		2
3								3
4								4
5								5
6								6
7								7
	TOTAL			12,000	3,000	15,000		

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