

**DepEd, DIVISION OF NEGROS ORIENTAL**

We hereby acknowledge to have received from SALUSTIANO T. JIMENEZ, OIC, Office of the ARD, Concurrent OIC-Office of the Schools Division Superintendent, deped, division of Negros Oriental, the sum herein specified opposite names, the full payment as Resource persons during the Three-Day Live-In Division Training-Workshop on Ancestral Domain-Based SIP on March 27-29, 2017.

*PO/CO/CO  
S/ST/ST*

No.	NAMES			School/Office	MUNICIPALITY/ CITY	TOTAL	Signature of Payee	No.
	LAST NAME	FIRST NAME	M.I.					
1	Baldado	Sita	B	Elder, Canggohob ES	Canggohob, Mabinay	php 1,500		1
2	Martinez	Joving	B	Elder, Canggohob ES	Canggohob, Mabinay	php 1,500		2
3	Andres	Fe	B	Elder, Canggohob ES	Canggohob, Mabinay	php 1,500		3
4	Gocotano	Timoteo	C	Member, NGO-PAGBAG-O	Canggohob, Mabinay	php 1,500		4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
<b>Total</b>						<b>Php6,000.00</b>		

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 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.

**SALUSTIANO T. JIMENEZ, CESO VI**  
 OIC, Office of the ARD  
 Concurrent OIC-Office of the SDS

**ALICIA M. SAGOLILI**  
 Cashier II

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: \_\_\_\_\_

Date: \_\_\_\_\_

**ALICIA M. SAGOLILI**

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