

PROGRAM APPROPRIATION AND OBLIGATION BY OBJECT  
NAGA CITY

Office/Department: CITY HEALTH OFFICE  
Component Program: LOCAL HEALTH BOARD

OBJECT OF EXPENDITURES	ACCOUNT CODE	PAST YEAR 2015 (Actual)	Current Year 2016			BUDGET YEAR 2017 (Proposed)
			1st Semester (Actual)	2nd Semester (Estimate)	TOTAL	
<b>A. Personal Services:</b>						
1 Honoraria	5-01-02-100	2,000.00		66,000.00	66,000.00	66,000.00
<b>SUB-TOTAL</b>		<b>P 2,000.00</b>	<b>P -</b>	<b>P 66,000.00</b>	<b>P 66,000.00</b>	<b>P 66,000.00</b>
<b>B. Maintenance and Other Operating Expenses:</b>						
1 Travelling Expenses-Local	5-02-01-010	-	-	-	-	-
2 Training Expenses	5-02-02-010	-	-	-	-	-
3 Office Supplies Expenses	5-02-03-010	-	-	-	-	-
4 Food Supplies Expenses	5-02-03-050	-	-	-	-	-
5 Drugs & Medicines Expenses	5-02-03-070	-	-	-	-	-
6 Medical, Dental & Lab Expenses	5-02-03-080	-	-	-	-	-
7 Other Supplies & Materials Expenses	5-02-03-990	-	-	30,000.00	30,000.00	84,000.00
8 Telephone Expenses-Landline	5-02-05-020	-	-	-	-	-
9 Telephone Expenses-Mobile	5-02-05-020-1	-	-	-	-	-
10 Repair & Maintenance- Machinery and Equipme	5-02-13-050-11	-	-	-	-	-
11 Rep. & Maint.-Transportation Equipt. (service ve	5-02-13-060-01	-	-	-	-	-
12 Printing & Publication Expenses	5-02-99-020	-	-	-	-	-
13 Membership Dues & Cont. to Org.	5-02-99-050	-	-	-	-	-
14 Other Maint. & Oper. Expenses	5-02-99-990	57,750.00	-	50,000.00	50,000.00	350,000.00
<b>SUB-TOTAL</b>		<b>P 57,750.00</b>	<b>P -</b>	<b>P 80,000.00</b>	<b>P 80,000.00</b>	<b>P 434,000.00</b>
<b>C. Capital Outlay</b>						
1 Machinery & Equipment-Office Equipment	1-07-05-020	-	-	-	-	-
2 Machinery & Equipment-Medical Equipment	1-07-05-110	-	-	-	-	-
<b>SUB-TOTAL</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TOTAL OBLIGATIONS</b>		<b>P 59,750.00</b>	<b>P -</b>	<b>P 146,000.00</b>	<b>P 146,000.00</b>	<b>P 500,000.00</b>

Prepared by:

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