

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes the need for transparency and accountability in financial reporting. The second part outlines the specific procedures for recording and reconciling accounts, ensuring that all entries are properly documented and verified. The third part addresses the role of internal controls in preventing fraud and errors, highlighting the importance of segregation of duties and regular audits. The fourth part discusses the impact of external factors, such as market conditions and regulatory changes, on the organization's financial performance. The fifth part provides a summary of the key findings and recommendations, emphasizing the need for continuous improvement and monitoring of financial health. The sixth part includes a detailed analysis of the data collected, showing trends and patterns in the organization's financial performance over time. The seventh part discusses the implications of the findings for future planning and decision-making. The eighth part provides a conclusion, summarizing the overall findings and the importance of the research. The ninth part includes a list of references, citing the sources used in the study. The tenth part includes an appendix, providing additional information and data related to the study. The eleventh part includes a glossary, defining the key terms used in the document. The twelfth part includes a list of figures and tables, providing a visual representation of the data. The thirteenth part includes a list of abbreviations, providing a shorthand for the terms used in the document. The fourteenth part includes a list of acronyms, providing a shorthand for the organizations and institutions mentioned in the document. The fifteenth part includes a list of footnotes, providing additional information and references. The sixteenth part includes a list of endnotes, providing additional information and references. The seventeenth part includes a list of appendices, providing additional information and data. The eighteenth part includes a list of references, citing the sources used in the study. The nineteenth part includes a list of figures and tables, providing a visual representation of the data. The twentieth part includes a list of abbreviations, providing a shorthand for the terms used in the document. The twenty-first part includes a list of acronyms, providing a shorthand for the organizations and institutions mentioned in the document. The twenty-second part includes a list of footnotes, providing additional information and references. The twenty-third part includes a list of endnotes, providing additional information and references. The twenty-fourth part includes a list of appendices, providing additional information and data. 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Município de Nova Santa Bárbara - PR

CNPJ: 95561080000160 IE:
Endereço: Rua Walfredo Bittencourt de Moraes, 222 - Centro CEP: 86250000 Cidade: Nova Santa Bárbara
Fone: (43) 3266-8100 Fax: Mesmo

NOTA DE PAGAMENTO

Numero	Data	Previsão Nº	Liquidação Nº	Empenho Nº	Requisição Nº
404	03/02/2022	404	323/2022	226/2022	

Licitação _____
Tipo _____ Número _____
Sem licitação

Contrato/Aditivo _____
Sequência Contrato Aditivo Início da vigência Fim da vigência Fim da vig. atualizada Início da execução Fim da execução Fim da exe. atualizada

Credor _____
Fornecedor _____ Matrícula _____ CPF/CNPJ _____
CICERO MIGUEL DE LIRA 142-2 362.634.009-00

Endereço _____
RUA TETSUO KONDO, 174 - CASA CONJUNTO ALVORADA

Cidade/UF _____ CEP _____ Fone _____ Tipo de conta bancária _____ Banco Agência Conta _____
Nova Santa Bárbara/PR 86250-000 43991475908 Conta Corrente 748 717-0 58448-7

Classificação da despesa _____
2710 08 Secretaria Municipal de Saúde
08.001 Fundo Municipal de Saúde
10.301.0330.2024 Manutenção do Fundo Municipal de Saúde
3.3.90.14.14.01 SERVIDORES EFETIVOS
Valor
R\$ 800,00

Outras informações _____

Retenções _____
Total de retenções
R\$ 0,00
Valor líquido
R\$ 800,00

Servidor que autorizou o pagamento _____
234730 - ROSANA RUY DE SOUZA

Recursos _____ Documento _____ Data _____ Valor _____
00303 - Saúde - Receitas Vinculadas (E.C. 29/00 - 15%) Conta bancária 17915 - FUS SAUDE 15 FR 303 020304 03/02/2022 R\$ 800,00

Recibo _____
Recebi do Município de Nova Santa Bárbara, a importância de Oitocentos Reais, referente ao pagamento do empenho número 226/2022.

Assinatura: _____

Nova Santa Bárbara, ____/____/____

KATIA GARDENIA DOS SANTOS
Tesoureira

ROSANA RUY DE SOUZA



Município de Nova Santa Bárbara - PR

CNPJ: 95561080000160 IE:
Endereço: Rua Walfredo Bittencourt de Moraes, 222 - Centro CEP: 86250000 Cidade: Nova Santa Bárbara
Fone: (43) 3266-8100 Fax: Mesmo

NOTA DE LIQUIDAÇÃO

Número 323/2022 Emitido em 28/01/2022 Requisição Nº Empenho Nº 226/2022

Licitação Número
Tipo Sem licitação
Contrato/Aditivo
Seqüência Contrato Aditivo Início da vigência Fim da vigência Fim da vig. atualizada Início da execução Fim da execução Fim da exe. atualizada

Credor Remetedor Matricula CPF/CNPJ
CICERO MIGUEL DE LIRA 142-2 362.634.009-00
Endereço Bairro
RUA TETSUO KONDO, 174 - CASA CONJUNTO ALVORADA
Cidade/UF CEP Fone Tipo de conta bancária Banco Agência Conta
Nova Santa Bárbara/PR 86250-000 43991475908 Conta Corrente 748 717-0 58448-7

Classificação da despesa
08 Secretaria Municipal de Saúde Saldo do empenho R\$ 800,00
08.001 Fundo Municipal de Saúde Valor liquidado R\$ 800,00
10.301.0330.2024 Manutenção do Fundo Municipal de Saúde Saldo a Liquidar R\$ 0,00
3.3.90.14.14.01 SERVIDORES EFETIVOS
2710 00303 Saúde - Receitas Vinculadas (E.C. 29/00 - 15%)

Outras informações

Retenções
Total de retenções R\$ 0,00
Valor líquido R\$ 800,00

Servidor que autorizou a liquidação
234730 - ROSANA RUY DE SOUZA

Histórico
ESTA IMPORTANCIA QUE SE EMPENHA REFERE-SE A SOLICITAÇÃO DE DIARIA AO MOTORISTA CICERO MIGUEL DE LIRA, PARA CUSTEAR DESPESAS COM ALIMENTAÇÃO, QUANDO EM VIAGEM FORA DO MUNICIPIO A SERVIÇO DO FUNDO MUNICIPAL DE SAUDE.

EDIVANIA MARTINS DE LIMA
Emissor

ROSANA RUY DE SOUZA



Município de Nova Santa Bárbara - PR

CNPJ: 95561080000160 IE:
Endereço: Rua Walfredo Bittencourt de Moraes, 222 - Centro CEP: 86250000 Cidade: Nova Santa Bárbara
Fone: (43) 3266-8100 Fax: Mesmo

NOTA DE EMPENHO

Número 226/2022 Tipo Ordinário Emitido em 28/01/2022 Requisição Nº Req. Compra Nº

Licitação Tipo Sem licitação Número
Contrato/Aditivo Sequência Contrato Aditivo Início da vigência Fim da vigência Fim da vig. atualizada Início da execução Fim da execução Fim da exe. atualizada

Credor Fornecedor CÍCERO MIGUEL DE LIRA Matrícula 142-2 CPF/CNPJ 362.634.009-00
Endereço RUA TETSUO KONDO, 174 - CASA Bairro CONJUNTO ALVORADA
Cidade/UF Nova Santa Bárbara/PR CEP 86250-000 Fone 43991475908 Tipo de conta bancária Conta Corrente Banco 748 Agência 717-0 Conta 58448-7

Classificação da despesa 08 Secretaria Municipal de Saúde Saldo anterior R\$ 98.000,00
08.001 Fundo Municipal de Saúde Valor empenhado R\$ 800,00
10.301.0330.2024 Manutenção do Fundo Municipal de Saúde Saldo atual R\$ 97.200,00
3.3.90.14.14.01 SERVIDORES EFETIVOS
2710 00303 Saúde - Receitas Vinculadas (E.C. 29/00 - 15%)
Do Exercício

Outras informações

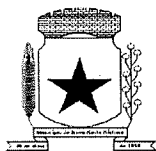
Histórico

ESTA IMPORTANCIA QUE SE EMPENHA REFERE-SE A SOLICITAÇÃO DE DIARIA AO MOTORISTA CÍCERO MIGUEL DE LIRA, PARA CUSTEAR DESPESAS COM ALIMENTAÇÃO, QUANDO EM VIAGEM FORA DO MUNICÍPIO A SERVIÇO DO FUNDO MUNICIPAL DE SAÚDE

EDIVANIA MARTINS DE LIMA
Emissor

LAURITA DE SOUZA CAMPOS ALMEIDA
Contador - CRC: 046096

ROSANA RUY DE SOUZA



PREFEITURA MUNICIPAL

NOVA SANTA BÁRBARA

CORRESPONDÊNCIA INTERNA

DE: Secretaria Municipal de Saúde

Nº 025/2022

PARA: Secretaria de Administração

DATA: 28/01/22

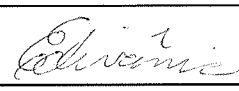
ASSUNTO: Solicitação de Diária Motorista

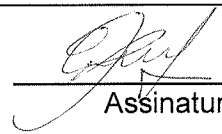
Mediante autorização desta Secretaria Municipal de Saúde, solicitamos empenho e pagamento de diária no valor de **R\$ 800,00 (oitocentos reais)**, para as despesas com alimentação do Motorista, **Cícero Miguel de Lira** haja vista que as viagens são realizadas fora do Município.

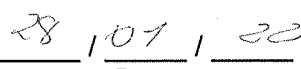
Ressaltamos que posteriormente será apresentado relatório de despesas.


Rosana Ruy de Souza
Secretária Municipal de Saúde

Recebido por:


Nome


Assinatura


Data



PREFEITURA MUNICIPAL DE
NOVA SANTA BÁRBARA
ESTADO DO PARANÁ

E 226/20

pg 03/02

nº 404

DEMONSTRATIVO DE APLICAÇÃO DE ADIANTAMENTO OU DESPESAS PARA REEMBOLSO

Funcionário: <i>Cícero Miguel de Lencastre</i>	Cargo ou Função: <i>motorista</i>
Órgão: Secretaria Municipal de Saúde Unidade Administrativa:	Nota de Empenho N°: Solicitação N°:
DESPESA REALIZADA COM RECURSO DE ADIANTAMENTO RECEBIDO EM: ____/____/____ NUMERO DA CORRESPONDENCIA INTERNA: _____	
TOTAL DO ADIANTAMENTO: _____	

DATA	DIÁRIA	TRANSPORTE	OUTROS	TOTAL
01 02 022	40,00			40,00
02 02 022	40,00			40,00
03 02 022	40,00			40,00
04 02 022	40,00			40,00
07 02 022	40,00			40,00
08 02 022	40,00			40,00
09 02 022	40,00			40,00
10 02 022	40,00			40,00
11 02 022	40,00			40,00
14 02 022	40,00			40,00
15 02 022	40,00			40,00
16 02 22	40,00			40,00
TOTAL	480,00			480,00
TOTAL DA RESTITUIÇÃO OU REEMBOLSO (se houver)				

RESUMO DAS DESPESAS

Nome: <i>Cícero Miguel de Lencastre</i> Assinatura do Funcionário ____/____/____	Nome: <i>[Assinatura]</i> Secretaria	Nome: _____ Assinatura do Tesoureiro
---	--	--

DATA	HISTÓRICO DO ITINERÁRIO
01 02 022	NSB/JACAREZINHO HOSP DE OLHO 127-2022 TEREZA SILVA G
02 02 022	NSB/Cornelio P. HOSP HEMODIALISE
03 02 022	NSB/Londrino HOSP ULTRA CLIM 043-2022 SILVANA APARECIDA
04 02 022	NSB/Cornelio P. HOSP HEMODIALISE
07 02 022	NSB/Cornelio HOSP HEMODIALISE
08 02 022	NSB/Cornelio HO STAMARIANA HOSP STA ALICE 1602022 DIRCEU M
09 02 022	NSB/Cornelio HOSP HEMODIALISE
10 02 022	NSB/JACAREZINHO HOSP OLHO 174-2022 TEREZA G
11 02 022	NSB/Cornelio HOSP HEMODIALISE
14 02 022	NSB/Cornelio HOSP HEMODIALISE
15 02 022	NSB/SÃO JERONIMO & Londrino HOSP HC 192-2022 EDMARA
16 02 022	NSB/Cornelio HOSP HEMODIALISE HEMODIALISE



PREFEITURA MUNICIPAL

NOVA SANTA BÁRBARA

Secretaria Municipal de Saúde

TRANSPORTE DA SAÚDE – SETOR DE AGENDAMENTO
LISTA DE PASSAGEIROS – Controle de Viagem 127/2022

DESTINO:
JACAREZINHO + SANTA MARIANA

DATA:
01/02/2022

SAÍDA:
04:30 HR

RESPONSÁVEL:
VALERIA

Nome passageiro	Especialidade	Destino	Obs.:
TEREZA DA SILVA GONÇALVES	CIRURGIA	JACAREZINHO	PEGAR NA CASA
ACOMP			
DIRCEU MARCOLINO DE SOUZA	CIRURGIA	SANTA MARIANA	PEGAR NA VILA RURAL
ACOMP			
CONDIÇÃO	CICERO		
CONDIÇÃO	SPIN		

pegar Ressonância Dirceu SamPao



PREFEITURA MUNICIPAL

NOVA SANTA BÁRBARA

Secretaria Municipal de Saúde

TRANSPORTE DA SAÚDE – SETOR DE AGENDAMENTO
LISTA DE PASSAGEIROS – Controle de Viagem 143/2022

DESTINO:
LONDRINA

DATA:
03/02/2022

SAÍDA:
06:30 HR

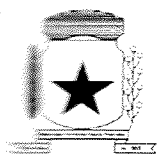
RESPONSÁVEL:
VALERIA

Nome passageiro	Especialidade	Destino	Obs.:
SILVANA APARECIDA SANTOS	USG	ULTRA CLIN	
APARECIDA P. DA SILVA	ENDOSCOPIA	SINTRAS	
WILSON O. PERZYSBES	ENDOSCOPIA	SINTRAS	
ACOMP			
LISTA	CICERO		
LISTA	SPIN / 26m		

Adriana R. Pinheiro - Ufba
Acop

Acop

Acop



PREFEITURA MUNICIPAL

NOVA SANTA BÁRBARA

Secretaria Municipal de Saúde

TRANSPORTE DA SAÚDE – SETOR DE AGENDAMENTO
LISTA DE PASSAGEIROS – Controle de Viagem 160/2022

DESTINO:
SANTA MARIANA

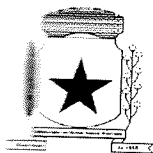
DATA:
08/02/2022

SAÍDA:
11:30HRS

RESPONSÁVEL:
valeria

Nome passageiro	Especialidade	Destino	Obs.:
DIRCEU MARCOLINO SOUZA	OFTALMO	PEGAR NA VILA RURAL	
ACOMP			
MOTORISTA	CICERO		
VEICULO	KWIDI		

Assai Jãide 08/00
grane des Jãnter Jãlho BR.
orone



PREFEITURA MUNICIPAL

NOVA SANTA BÁRBARA

Secretaria Municipal de Saúde

TRANSPORTE DA SAÚDE – SETOR DE AGENDAMENTO
LISTA DE PASSAGEIROS – Controle de Viagem 174/2022

DESTINO:
JACAREZINHO

DATA:
10/02/2022

SAÍDA:
04:00 HR

RESPONSÁVEL:
VALERIA

Nome passageiro	Especialidade	Destino	Obs.:
TEREZA GONÇALVES	CIRURGIA	PEGAR NA CASA	
ACOMP			
MOTORISTA	CICERO		
VEICULO	KWIDI		



PREFEITURA MUNICIPAL

NOVA SANTA BÁRBARA

Secretaria Municipal de Saúde

TRANSPORTE DA SAÚDE – SETOR DE AGENDAMENTO
LISTA DE PASSAGEIROS – Controle de Viagem 198/2022

DESTINO:
SÃO JERONIMO

DATA:
15/02/2022

SAÍDA:
06:30HR

RESPONSÁVEL:
valeria

Nome passageiro	Especialidade	Destino	Obs.:
NADIR PERTEL SCHULTHAIS	DERMATO	PEGAR NA CASA	
ACOMP			
WEIRE LETICIA NUNES	DERMATO		
ACOMP			
ACOMP			
MARIA CLARA RODRIGUES	DERMATO		
ACOMP			
MOTOCICLISTA	CICERO		
VEICULO	VAN		

Landine: 15-02-22 - Saída 11:30

*Edmar Rose Jobbo - HC. Pegar na casa
Acomp.*

Carro: Kludi

Motociclista: Cicero



PREFEITURA MUNICIPAL

NOVA SANTA BÁRBARA

Secretaria Municipal de Saúde

TRANSPORTE DA SAÚDE – SETOR DE AGENDAMENTO
LISTA DE PASSAGEIROS – Controle de Viagem 211/2022

DESTINO:
SANTA MARIANA

DATA:
17/02/2022

SAÍDA:
04:00HR

RESPONSÁVEL:
valeria

Nome passageiro	Especialidade	Destino	Obs
DIRCEU MARCOLINO SOUZA	CIRURGIA	PEGAR NA VILA RURAL	
ACOMP			
MOTORISTA	CICERO		
VEICULO	KWIDI		



PREFEITURA MUNICIPAL

NOVA SANTA BÁRBARA

Secretaria Municipal de Saúde

TRANSPORTE DA SAÚDE – SETOR DE AGENDAMENTO
LISTA DE PASSAGEIROS – Controle de Viagem 235/2022

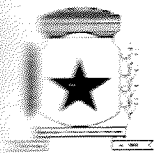
DESTINO:
CORNELIO

DATA:
22/02/2022

SAÍDA:
06:30HR

RESPONSÁVEL:
vaieria

Nome passageiro	Especialidade	Destino	Obs.
MARIA DE SOUZA LEMES	HÓLTER	NEUROCOR	PEGAR NA CASA
ACOMP			
MOTORISTA	Cicero		
VEICULO	KWIDI		



PREFEITURA MUNICIPAL

NOVA SANTA BÁRBARA

Secretaria Municipal de Saúde

TRANSPORTE DA SAÚDE – SETOR DE AGENDAMENTO
LISTA DE PASSAGEIROS – Controle de Viagem 245/2022

DESTINO:
LONDRINA

DATA:
24/02/2022

SAÍDA:
05:30 HR

RESPONSÁVEL:
VALERIA

	Nome passageiro	Especialidade	Destino	Obs.:
1	MARIA FERREIRA S. SANTOS	HC	PEGAR NA CASA	
2	ACOMP			
3	MARIA EUNICE DE ALMEIDA	SAS		PEGAR NA CASA
4	NILTON PRUDENCIO	SAS		PEGAR NA CASA
DUTORISTA	CICERO			
VEICULO	KWIDI			

Emissão de comprovantes

SISTEMA DE INFORMACOES BANCO DO BRASIL
AUTOATENDIMENTO - 11.17.30
SEGUNDA VIA 0001
COMPROVANTE DE TRANSFERENCIA
COMPROVANTE DE
TRANSFERENCIA ELETRONICA DISPONIVEL
FMS NOVA ST BARBARA - FUS
CONTA: 2573-9 CONTA: 17.915-9
=====

01 CREDITO EM CONTA
FMS NOVA ST BARBARA - FUS
BCO COOPERATIVO SICREDI S.A.
717-X - SICREDI CAMBARA
58.448-7

CICERO MIGUEL DE LIRA
362.634.009-00
800,00
03/02/2022
=====

020304
F.09B.297.7E4.B00.F03