


OBLIGATION REQUEST AND STATUS

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|--|--|------------------------------|-----------------------------------|---|--------------------|---------------------------|
|  <p>Republic of Philippines Department Of Health Regional Office 7 Central Visayas, Osmeña Blvd. Cebu City</p> | | | No : <u>02011101-20180</u> | | | |
| | | | Date : <u>2018-06-06</u> | | | |
| | | | Fund : <u>02101101</u> | | | |
| | | | | | | |
| Payee | BOHOL TROPICS RESORT | | | | | |
| Office | Department of Health | | | | | |
| Address | TAGBILARAN CITY, BOHOL | | | | | |
| Responsibility | Particulars | MFO/PAP | UACS Code/ Expenditure | Amount | | |
| PHM | TO OBLIGATE PAYMENT FOR VENUE, MEALS AND ACCOMMODATION FOR HUMAN RESOURCES FOR HEALTH (HRH) PRE-DEPLOYMENT ORIENTATION FOR THE FOLLOWING PARTICIPANTS FROM BOHOL PROVINCE, IN THE AMOUNT OF | | 5010101001 5010201001 | 5,800.00 900,000.00 | | |
| | PO No.2018-013 PR No. B9-18- 14/01/15/02/03/16/04/1 7 | | | 905,800.00 | | |
| | DV No. T01- 0044/0045/0043/0042 | | | Total | | |
| A. | Certified: | | B. | Certified: | | |
| | Charges to appropriatio/ allotment necessary, lawful and under my direct supervision; and supporting document valid, proper and legal | | | Allotment available and obligated for the purpose/adjustment necessary as indicated above | | |
| Signature : | Sigenature | | Signature : | Signature | | |
| Printed Name : | GUY R. PEREZ, MD, RPT, FPSMS, MBAHA, CESE | | Printed Name : | LEONORA A. ANIEL | | |
| Position : | OIC - Chief - Regulation, Liscensing, Enforcement Division | | Position : | BUDGET OFFICER III | | |
| | | | | | | |
| | Head Requesting Office / Authorized Representative | | | Head, Budget Unit/Authorized Representative | | |
| Date : | 2018-06-06 | | Date : | 2018-06-06 | | |
| | | | | | | |
| C. | STATUS OF OBLIGATION | | | | | |
| Reference | | | Amount | | | |
| Date | Particulars | ORS/JEV/RCI/RADAI No. | Obligation | Payment | Not Yet Due | Due and Demandable |
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| | | Totals | | | | |