OBLIGATION REQUEST AND STATUS

THENT OF THE		Republic of Philippines Department Of Health				No :	0:	2011101-20180	
						Date :		10/04/2018	
High the same to t		Regional Office 7				Fund :		02101101	
WAL OFF.		Cen	tral Visayas, Osmeña Blvd. Ceb	/d. Cebu City			-		
Payee		PHIC					-		
Office		Department of Health							
Address		CEBU CITY							
Responsibility		Particulars		MFO/PAP		UACS Code/ Expenditure		Amount	
A. Certified: Charges to a superprision.		PHIC REMITA FOR THE MO AMOUNT OF PO No.	PR No. O49 Total ent necessary, lawful and under my direct uments valid, proper and legal	B. Certified:		50101		25,000.00 25,000.00 ose/adjustment necessary as	
Signature :	supervision, and supporting documents valid, proper and legal		Signature	indicated ab	ove				
Signature : Printed Name :	RAMIL R. ABREA, CPA, MBA			Signature : Printed Name		LEONORA A. ANIEL			
Position :	OIC- Chief - Management Support Division NIR			Position		BUDGET OFFICER III			
Data :			ffice / Authorized Representative	Data	Head, Budget U			Jnit / Authorized Representative	
Date :			Date	10/23/2018					
Reference				TUS OF OBLIGATION Amount					
Date	Pi	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable	
10/04/2018	o	bligation		25,000.00					
1	l				- 				