OBLIGATION REQUEST AND STATUS

STMENT OF A	à	Republic of Philippines Department Of Health				No :	10/03/2018	
A STATE OF THE STA	E					Date :		
THE TOWNS ALLOWER THE PARTY OF		Regional Office 7				Fund :	02101101	
WAL OFFI		Cen	tral Visayas, Osmeña Blvd. Ceb	s, Osmeña Blvd. Cebu City			-	
Payee		PHIC						
Office		Department of Health						
Address		CEBU CITY						
Responsibility		Particulars		MFO/PAP		UACS Code/ Expenditure		Amount
A. Certified:		PHIC REMITA FOR THE MO AMOUNT OF PO No.	No. PR No. No. S01-0049 Total		Certified:	railable and oblic	ated for the purp	0.00 ose/adjustment necessary as
	Charges to appropriation/ allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal				Allotment available and obligated for the purpose/adjustment necessary as indicated above			
Signature : Printed Name :	DAMIL D. ADDEA CDA MDA		Signature : Printed Name	L FONODA A ANIEL				
Position :	RAMIL R. ABREA, CPA, MBA OIC- Chief - Management Support Division NIR			Position	LEONORA A. ANIEL BUDGET OFFICER III			
o someon o		O- Omer - Manag	gement Support Division Nik	- comon	ESSOCI OTTICENIII			
		Head Requesting O	ffice / Authorized Representative			Head, Budget Unit / Authorized Representative		
Date :			Date	10/03/2018				
C.			STA	US OF OBLIGA	OBLIGATION			
Reference				Amount				
Date	Pa	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable