


## OBLIGATION REQUEST AND STATUS

			<p align="center"><b>Republic of Philippines</b></p> <p align="center"><b>Department Of Health</b></p> <p align="center"><b>Regional Office 7</b></p> <p align="center"><b>Central Visayas, Osmeña Blvd. Cebu City</b></p>			<p><b>No :</b> <b>02011101-20180</b></p> <hr/> <p><b>Date :</b> <b>10/29/2018</b></p> <hr/> <p><b>Fund :</b> <b>02101101</b></p> <hr/>		
<b>Payee</b>		<b>PAG-IBIG</b>						
<b>Office</b>		<b>Department of Health</b>						
<b>Address</b>		<b>CEBU CITY</b>						
<b>Responsibility</b>		<b>Particulars</b>		<b>MFO/PAP</b>		<b>UACS Code/ Expenditure</b>		
SAA-RRFHS		TO OBLIGATE GOVERNMENT SHARE FOR PHIC REMITTANCES OF DIRFO7 PERSONNEL FOR THE MONTH OF JANUARY 2018, IN THE AMOUNT OF				5021304001 5021305001		
		PO No. _____ PR No. _____ DV No. S01-0049				45,000.00 20,000.00		
		<b>Total</b>				<b>65,000.00</b>		
<b>A.</b>		<b>Certified:</b>		<b>B.</b>		<b>Certified:</b>		
Signature :		Charges to appropriation/ allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal		Signature :		Allotment available and obligated for the purpose/adjustment necessary as indicated above		
Printed Name :		<b>RAMIL R. ABREA, CPA, MBA</b>		Printed Name		<b>LEONORA A. ANIEL</b>		
Position :		<b>OIC- Chief - Management Support Division NIR</b>		Position		<b>BUDGET OFFICER III</b>		
		Head Requesting Office / Authorized Representative				Head, Budget Unit / Authorized Representative		
Date :				Date		<b>10/29/2018</b>		
<b>C.</b>		<b>STATUS OF OBLIGATION</b>						
<b>Reference</b>			<b>Amount</b>					
<b>Date</b>	<b>Particulars</b>	<b>ORS/JEV/RCI/RADAI No.</b>	<b>Obligation</b>	<b>Payment</b>	<b>Not Yet Due</b>	<b>Due and Demandable</b>		
10/29/2018	Obligation		65,000.00	60,000.00				
<b>Totals</b>								