OBLIGATION REQUEST AND STATUS

| OF THE PERSON OF | | Republic of Philippines Department Of Health | | | No : | 02 - 01 | 101101 - 2018-11 - 1 | | |
|--|--|---|-----------------------------|-------------------|--|--|----------------------|------------------------|--|
| | | | | | Date : | | 11/07/2018 | | |
| Hely the same transfer of the same | | Regional Office 7 | | | | Fund : | | 02-01101101 | |
| WAL OFFI | | Central Visayas, Osmeña Blvd. Cebu City | | | | | | | |
| Paye | e | LANDBANK OF THE PHILIPPINES | | | | | | | |
| Office | | Department of Health | | | | | | | |
| Address | | CEBU CITY | | | | | | | |
| Responsibility Center | | Particulars | | MFO/PAP | | UACS Code/ Expenditure | | Amount | |
| | | VII OFFICIALS | PR No. PR No. Total | | | 501020 501020 | | 25,000.00 50,000.00 | |
| Α. | Certified: | | | B. | Certified: | | | | |
| Signature : Printed Name : | Charges to appropriation/ allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal ELIZABETH P. TABASA, CPA, MBA, CEO VI | | | Signature : | indicated ab | ullotment available and obligated for the purpose/adjustment necessary as ndicated above LEONORA A. ANIEL | | | |
| Position : | Chief - Management Support Divi | | | Position | | BUDGET OFFICER III | | | |
| | | Hand Barrantina O | Was Anthoire Daniel Co. | | | Hand Budget | Heit / Authories | 1. December 1 | |
| Date : | Head Requesting Office / Authorized Representative | | Date | | Head, Budget Unit / Authorized Representative 12/04/2018 | | | | |
| C. | | | | TUS OF OBLIGATION | | | | | |
| Reference | | | | Amount | | | | | |
| Date | Particulars | | ORS/JEV/RCI/RADAI No. | Obligation | 1 | Payment | Not Yet Due | Due and Demandable | |
| 11/07/2018 | 0 | bligation | 02 - 01101101 - 2018-11 - 1 | 75,000.00 | 4 | 15,000.00 | | | |