## OBLIGATION REQUEST AND STATUS

STMENT OF	à	Republic of Philippines  Department Of Health			No :	02011101-20180		
N N N N N N N N N N N N N N N N N N N	Ē				Date :		5/4/2018	
Report of the second		Regional Office 7				Fund :	02101101	
VAL OF	u City							
Payee JONATAHN NIEL V			IIEL V. ERASMO					
Office		Department of Health						
Address		Cebu						
Responsibility		Particulars		MFO/PAP		UACS Code/ Expenditure		Amount
HRH-INSTITUTINAL CAPACITY		(PACKED) FC SCHOLARSH THE AMOUNT						
		PO No.2018-0						
Α.	DV No.232323 Total			B.	Certified:			10,000
	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 necesarry 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			
Date :		Head Requesting C	Date :	Head, Budget Unit/Authorized Representative				
Date .			5/4/2018	Dale .	<del> </del>		5/4/2018	
				 	TIO::			
'				TUS OF OBLIGATION  Amount				
Reference				Amount				
Date	Pi	articulars	ORS/JEV/RCI/RADAI №.	Obligation		Payment	Not Yet Due	Due and Demandable
l	l		Totals	I	1			l l