


OBLIGATION REQUEST AND STATUS

 <div style="margin-left: 50px;"> Republic of Philippines Department Of Health Regional Office 7 Central Visayas, Osmeña Blvd. Cebu City </div>			No : 02011101-20180			
			Date : 07/08/2018			
			Fund : 02101101			
Payee						
Office		Department of Health				
Address						
Responsibility	Particulars	MFO/PAP	UACS Code/ Expenditure	Amount		
	<div style="display: flex; justify-content: space-between;"> <div>PO No.</div> <div>PR No.</div> </div> <div style="display: flex; justify-content: flex-end;"> <div>Total</div> </div>					
				0.00		
A.	Certified:		B.	Certified:		
	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 necessary as indicated above		
Signature :	GUY R. PEREZ, MD, RPT, FPSMS, MBAHA, CESE		Signature :	LEONORA A. ANIEL		
Printed Name :	OIC - Chief - Regulation, Liscensing, Enforcement Division		Printed Name :	BUDGET OFFICER III		
Position :			Position :			
	Head Requesting Office / Authorized Representative			Head, Budget Unit/Authorized Representative		
	07/08/2018			07/08/2018		
Date :			Date :			
C.	STATUS OF OBLIGATION					
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
		Totals				