OBLIGATION REQUEST AND STATUS

THE NT OF THE PERSON OF THE PE		Republic of Philippines			No :	02 - 01101101 - 2018-11 - 1 11/07/2018 02-01101101			
		Department Of Health Regional Office 7						Date :	
									Central Visayas, Osmeña Blvd. Ceb
Paye	<u> </u>								
Office		Department of Health							
Addre	ss	CEBU CITY							
Responsibility Center		Particulars		MFO/PAP		UACS Code/ Expenditure		Amount	
4 STO - MOOE		VII OFFICIALS JANUARY 201	PAYMENT FOR RATA OF DOH FOR THE MONTH OF 8, IN THE AMOUNT OF	200000100002000		50102 50102		25,000.00 50,000.00	
		PO No. PR No. DV No. T01-00484 Total						75,000.00	
A. Certified:				В.	Certified:			75,000.00	
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 :	ELIZABETH P. TABASA, CPA, MBA, CEO VI			Printed Name	LEONORA A. ANIEL				
Position :	Chief - Management Support Division		Position	BUDGET OFFICER III					
Date :	Head Requesting Office /		ffice / Authorized Representative	Date	ate		Head, Budget Unit / Authorized Representative		
C.	CTA			Date 12/06/2018 TUS OF OBLIGATION					
<u>o.</u>	Amount								
Date	Reference Particulars		ORS/JEV/RCI/RADAI No.	Obligation	ı	Payment	Not Yet Due	Due and Demandable	
11/07/2018	Ol	bligation	02 - 01101101 - 2018-11 - 1	75,000.00	4	5,000.00			