


# OBLIGATION REQUEST AND STATUS

 <div style="margin-left: 50px;"> <b>Republic of Philippines</b>  <b>Department Of Health</b>  <b>Regional Office 7</b>  <b>Central Visayas, Osmeña Blvd. Cebu City</b> </div>			<b>No :</b> <span style="float: right;"><b>02011101-20180</b></span>			
			<b>Date :</b> <span style="float: right;"><b>2018-05-27</b></span>			
			<b>Fund :</b> <span style="float: right;"><b>02101101</b></span>			
<b>Payee</b>	<b>JONATAHN NIEL V. ERASMO</b>					
<b>Office</b>	<b>Department of Health</b>					
<b>Address</b>	<b>Cebu</b>					
<b>Responsibility</b>	<b>Particulars</b>	<b>MFO/PAP</b>	<b>UACS Code/ Expenditure</b>	<b>Amount</b>		
HRH-INSTITUTINAL CAPACITY	TO OBLIGATE PAYMENT FO MEALS (PACKED) FOR THE PRE SERVICE MEDICAL SCHOLARSHIP PROGRAM ORIENTATION, IN THE AMOUNT OF					
	PO No.2018-007      PR No.B9-18-30 DV No.232323 <span style="float: right;">Total</span>			10,000		
<b>A.</b>	<b>Certified:</b>		<b>B.</b>	<b>Certified:</b>		
	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		
<b>Signature :</b>	<b>Sigenature</b>		<b>Signature :</b>	<b>Signature</b>		
<b>Printed Name :</b>	<b>GUY R. PEREZ, MD, RPT, FPSMS, MBAHA, CESE</b>		<b>Printed Name :</b>	<b>LEONORA A. ANIEL</b>		
<b>Position :</b>	<b>OIC - Chief - Regulation, Liscensing, Enforcement Division</b>		<b>Position :</b>	<b>BUDGET OFFICER III</b>		
	Head Requesting Office / Authorized Representative			Head, Budget Unit/Authorized Representative		
<b>Date :</b>	<b>2018-05-27</b>		<b>Date :</b>	<b>2018-05-27</b>		
<b>C.</b>	<b>STATUS OF OBLIGATION</b>					
Reference			Amount			
<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>
		Totals				