


OBLIGATION REQUEST AND STATUS

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|---|---|---|--------------------------------------|------------------------|-------------|--------------------|
|  Republic of Philippines Department Of Health Regional Office 7 Central Visayas, Osmeña Blvd. Cebu City | | | No : <u>5391-2018-11-21-5</u> | | | |
| | | | Date : <u>11/21/2018</u> | | | |
| | | | Fund : _____ | | | |
| Payee LANDBANK OF THE PHILIPPINES | | | | | | |
| Office Department of Health | | | | | | |
| Address CEBU CITY | | | | | | |
| Responsibility Center | Particulars | MFO/PAP | UACS Code/ Expenditure | Amount | | |
| 78995554457 SAA-RRFHS | TO OBLIGATE GOVERNMENT SHARE FOR PHIC REMITTANCES OF DIRFO7 PERSONNEL FOR THE MONTH OF FEBRUARY 2018, IN THE AMOUNT OF | 100000100001000 | 5010101001 5010205003 | 80,000.00 25,000.00 | | |
| | PO No. _____ PR No. _____ DV No. S03-0267/0269-33 | | | 105,000.00 | | |
| A. Certified: | | B. Certified: | | | | |
| Charges to appropriation/ allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal | | Allotment available and obligated for the purpose/adjustment necessary as indicated above | | | | |
| Signature : | | Signature : | | | | |
| Printed Name : RAMIL R. ABREA, CPA, MBA | | Printed Name LEONORA A. ANIEL | | | | |
| Position : OIC- Chief - Management Support Division NIR | | Position BUDGET OFFICER III | | | | |
| Head Requesting Office / Authorized Representative | | Head, Budget Unit / Authorized Representative | | | | |
| Date : | | Date 11/20/2018 | | | | |
| C. STATUS OF OBLIGATION | | | | | | |
| Reference | | | Amount | | | |
| Date | Particulars | ORS/JEV/RCI/RADAI No. | Obligation | Payment | Not Yet Due | Due and Demandable |
| 11/21/2018 | Obligation | 5391-2018-11-21-5 | 105,000.00 | 110,000.00 | | |
| | | | | | | |
| Totals | | | | | | |