OBLIGATION REQUEST AND STATUS

A THE NEW OF THE PARTY OF THE P		Republic of Philippines Department Of Health			No :	0:	2011101-20180	
					Date :		13/4/2018	
		Regional Office 7				Fund :		02101101
Central Visayas, Osmeña Blvd. Ceb				u City				
Payee JONATAHN NIEL V. ERASMO								
Office		Department of Health						
Addres	ss	Cebu						
Responsibility		Particulars		MFO/PAP		UACS Code/ Expenditure		Amount
HRH-INSTITUTINAL CAPACITY		TO OBLIGATE PAYMENT FO MEALS (PACKED) FOR THE PRE SERVICE MEDICAL SCHOLARSHIP PROGRAM ORIENTATION, IN THE AMOUNT OF						
		DO No. 2042 0	07					
		PO No.2018-007 PR No.B9-18-30 DV No.232323 Total						10.000
A.	Certified:	DV NO.232323) I Otal	B.	Certified:			10,000
Signature :	Charges to appropriatio/ allotment necessary, lawful and under my direct supervision; and supporting document valid, proper and legal Sigenature			Signature :	Allotment available and obligated for the purpose/adjustment necesarry as indicated above Signature			
Printed Name :	GUY R. PEREZ, MD, RPT, FPSMS, MBAHA, CESE		Printed Name :	LEONORA A. ANIEL				
Position :			, Liscensing, Enforcement Division	Position :	BUDGET OFFICER III			
		Head Requesting O	Office / Authorized Representative		Head, Budget Unit/Authorized Representative			
Date :			13/4/2018	Date :			13/4/2018	
'				TUS OF OBLIGATION				
Reference				Amount				
Date	Pa	articulars	ORS/JEV/RCI/RADAI No.	Obligation	ı	Payment	Not Yet Due	Due and Demandable
	l		Totals					