OBLIGATION REQUEST AND STATUS

STMENT OF	à	Republic of Philippines Department Of Health				No :	02011101-20180	
N N N N N N N N N N N N N N N N N N N	E					Date :		10/04/2018
P. Committee of the second		Regional Office 7				Fund :	02101101	
WAL OFFI	u City							
Payee		PHIC						
Office		Department of Health						
Addre	ss	CEBU CITY						
Responsibility		Particulars		MFO/PAP		UACS Code/ Expenditure		Amount
A. Certified: Charges to supervision:		PHIC REMITA FOR THE MO AMOUNT OF PO No.	PR No. Ode Total ent necessary, lawful and under my direct uments valid, proper and legal	B. Certified:		50101		20,000.00 20,000.00 cose/adjustment necessary as
Signature :				Signature :				
Printed Name :	: RAMIL R. ABREA, CPA, MBA		Printed Name		LEONORA A. ANIEL			
Position :	OIC- Chief - Management Support Di			Position		BUDGET OFFICER III		
Head Requesting Office / Authorized		ttice / Authorized Representative	Date	Head, Budget Unit / Authorized Representative 10/10/2018			·	
C.	ет		TUS OF OBLIGATION					
0.	Amount							
Date	Referen Particulars		ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable
10/04/2018	C	Obligation		20,000.00				