


OBLIGATION REQUEST AND STATUS

<div style="display: flex; justify-content: space-between;">  <div> <p>Republic of Philippines</p> <p>Department Of Health</p> <p>Regional Office 7</p> <p>Central Visayas, Osmeña Blvd. Cebu City</p> </div> <div> <p>No : 02011101-20180</p> <hr/> <p>Date : 2018-06-25</p> <hr/> <p>Fund : 02101101</p> <hr/> </div> </div>						
Payee		PAG-IBIG FUND				
Office		Department of Health				
Address		CEBU CITY				
Responsibility	Particulars	MFO/PAP	UACS Code/ Expenditure	Amount		
SAA-PHM	TO OBLIGATE EMPLOYER SHARE FOR PAG-IBIG CONTRIBUTIONS OF DOH RO7 PERSONNEL FOR THE MONTH OF JANUARY 2018, IN THE AMOUNT OF					
	PO No.	PR No.				
	DV No. S01-0030	Total			0.00	
A.	Certified:		B.	Certified:		
	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 necesary as indicated above		
Signature :	GUY R. PEREZ, MD, RPT, FPSMS, MBAHA, CESE		Signature :	LEONORA A. ANIEL		
Printed Name :	OIC - Chief - Regulation, Liscensing, Enforcement Division		Printed Name :	BUDGET OFFICER III		
Position :			Position :			
	Head Requesting Office / Authorized Representative			Head, Budget Unit/Authorized Representative		
	2018-06-25			2018-06-25		
Date :			Date :			
C.	STATUS OF OBLIGATION					
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
	Totals					