


OBLIGATION REQUEST AND STATUS

			<p align="center">Republic of Philippines</p> <p align="center">Department of Health</p> <p align="center">CENTER for HEALTH DEVELOPMENT VII</p> <p align="center">Central Visayas, Osmeña Blvd. Cebu City</p>			<p>No : 02 - 102101 - 2019-01 - 127</p> <p>Date : 01/18/2019</p> <p>Fund : 02- 102101</p>		
Payee		TONEE ROSE PIL						
Office		Department of Health						
Address		ARGAO, CEBU						
Responsibility Center		Particulars		MFO/PAP		UACS Code/ Expenditure		
2018 HRH - DEP CONAP		TO OBLIGATE REIMBURSEMENT OF TRAVELLING EXPENSES INCURRED WHILE ON OFFICIAL TRAVEL TO CEBU CITY LAST NOV. 24, 2018, IN THE AMOUNT OF		310202100001000				
		PO No. _____ PR No. _____ DV No. T12-8466						
		Total						
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 : JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS		Printed Name : LEONORA A. ANIEL						
Position : Chief - Local Health Support Division		Position : BUDGET OFFICER III						
Head Requesting Office / Authorized Representative		Head, Budget Unit / Authorized Representative						
Date :		Date		02/07/2019				
C. STATUS OF OBLIGATION								
Reference			Amount					
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable		
	Obligation	02 - 102101 - 2019-01 - 127						
Totals								