OBLIGATION REQUEST AND STATUS

ATMENT OF	à	Republic of Philippines			No :	0	2011101-20180	
O LA		Department Of Health				Date :		08/29/2018
PRODUCTION OFFICE IN		Regional Office 7			Fund :		02101101	
12 01	u City							
Payee		LANDBANK OF THE PHILIPPINES						
Office		Department of Health						
Address		CEBU CITY						
Responsibility		Particulars		MFO/PAP		UACS Expen		Amount
A. Certified: Charges to supervision;		PAY OF DOH MONTH OF JA OF PO No. DV No. T01-00	PR No. DO2 Total ent necessary, lawful and under my direct uments valid, proper and legal	B. Certified:		ailable and obligation		30,000.00 30,000.00
Signature :				Signature :				
Printed Name :	JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS		Printed Name Position		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		08/29/2018			
C.	TUS OF OBLIGATION							
Reference				<u> </u>	Amount			
Date	Pa	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable
			Totals					