OBLIGATION REQUEST AND STATUS

THE PART OF THE PA		Republic of Philippines Department Of Health			No :	0:	2011101-20180	
					Date :		2018-05-22	
		Regional Office 7				Fund :		02101101
Central Visayas, Osmeña Blvd. Ceb				u City				
Payee JONATAHN NIEL V. ERASMO								
Office		Department of Health						
Address		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						
		PO No.2018-0	07 PR No.B9-18-30					
		DV No.232323 Total						10,000
A.	Certified:	•		B.	Certified:	Certified:		
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 :	OIC -	Chief - Regulation	, Liscensing, Enforcement Division	Position :	BUDGET OFFICER III			
		Head Requesting O	ffice / Authorized Representative		Head, Budget Unit/Authorized Representative			
Date :	2018-05-22		2018-05-22	Date :		2018-05-22		!
<u>'</u>				TUS OF OBLIGATION				
Reference				Amount				
Date	Pa	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable
			Totals					