




OBLIGATION REQUEST AND STATUS

 <p>Republic of Philippines Department of Health Central Visayas Center for Health Development Central Visayas, Osmeña Blvd. Cebu City</p>			No : 5555 - 10101 - 2019-02 - 15			
			Date : 02/22/2019			
			Fund : 5555- 10101			
Payee	b					
Office	Department of Health					
Address	b					
Responsibility Center	Particulars	MFO/PAP	UACS Code/ Expenditure	Amount		
TEST 12345	b	200000100002000	5010202000	7,000.00		
	PO No.b DV No. b	PR No. b				
	Total			7,000.00		
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 :			Printed Name	LEONORA A. ANIEL		
Position :			Position	BUDGET OFFICER III		
	Head Requesting Office / Authorized Representative			Head, Budget Unit / Authorized Representative		
Date :			Date	02/11/2019		
C.	STATUS OF OBLIGATION					
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
02/22/2019	Obligation	5555 - 10101 - 2019-02 - 15	7,000.00			
	Totals		7,000.00			

OBLIGATION REQUEST AND STATUS

 <p>Republic of Philippines Department of Health Central Visayas Center for Health Development Central Visayas, Osmeña Blvd. Cebu City</p>			No : 5555 - 10101 - 2019-02 - 16			
			Date : 02/21/2019			
			Fund : 5555- 10101			
Payee	c					
Office	Department of Health					
Address	c					
Responsibility Center	Particulars		MFO/PAP	UACS Code/ Expenditure	Amount	
TEST 12345	c		200000100002000	5010202000	8,000.00	
	PO No.c PR No. c DV No. c Total				8,000.00	
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 :			Printed Name	LEONORA A. ANIEL		
Position :			Position	BUDGET OFFICER III		
	Head Requesting Office / Authorized Representative			Head, Budget Unit / Authorized Representative		
Date :			Date	02/11/2019		
C.	STATUS OF OBLIGATION					
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
02/21/2019	Obligation	5555 - 10101 - 2019-02 - 16	8,000.00			
		Totals	8,000.00			

OBLIGATION REQUEST AND STATUS

 <p>Republic of Philippines Department of Health Central Visayas Center for Health Development Central Visayas, Osmeña Blvd. Cebu City</p>			No : 5555 - 10101 - 2019-02 - 17			
			Date : 02/27/2019			
			Fund : 5555- 10101			
Payee	d					
Office	Department of Health					
Address	d					
Responsibility Center	Particulars	MFO/PAP	UACS Code/ Expenditure	Amount		
TEST 12345	d	200000100002000	5010101001	700.00		
	PO No.d DV No. d	PR No. d Total		700.00		
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 :			Printed Name	LEONORA A. ANIEL		
Position :			Position	BUDGET OFFICER III		
	Head Requesting Office / Authorized Representative			Head, Budget Unit / Authorized Representative		
Date :			Date	02/11/2019		
C.	STATUS OF OBLIGATION					
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
02/27/2019	Obligation	5555 - 10101 - 2019-02 - 17	700.00			
	Totals		700.00			