




OBLIGATION REQUEST AND STATUS

 <div style="text-align: center;"> Republic of Philippines Department Of Health Regional Office 7 Central Visayas, Osmeña Blvd. Cebu City </div>			No : 5386-2018-02-13-1 Date : 02/13/2018 Fund :			
Payee	LANDBANK OF THE PHILIPPINES					
Office	Department of Health					
Address	CEBU CITY					
Responsibility Center	Particulars	MFO/PAP	UACS Code/ Expenditure	Amount		
78995554457 SAA-RRFHS	TO OBLIGATE PAYMENT FOR LONGEVITY PAY OF DOH RO7 PERSONNEL FOR THE MONTH OF FEBRUARY 2018, IN THE AMOUNT OF PO No. PR No. DV No. T01-0242	100000100001000				
	Total			0.00		
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 :	RAMIL R. ABREA, CPA, MBA		Printed Name	LEONORA A. ANIEL		
Position :	OIC- Chief - Management Support Division NIR		Position	BUDGET OFFICER III		
	Head Requesting Office / Authorized Representative			Head, Budget Unit / Authorized Representative		
Date :			Date	11/13/2018		
C.	STATUS OF OBLIGATION					
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
02/13/2018	Obligation	5386-2018-02-13-1				
Totals						


OBLIGATION REQUEST AND STATUS

			<p align="center">Republic of Philippines</p> <p align="center">Department Of Health</p> <p align="center">Regional Office 7</p> <p align="center">Central Visayas, Osmeña Blvd. Cebu City</p>			<p>No : <u>5387-2018-02-13-2</u></p> <p>Date : <u>02/13/2018</u></p> <p>Fund : _____</p>		
Payee		LANDBANK OF THE PHILIPPINES						
Office		Department of Health						
Address		CEBU CITY						
Responsibility Center		Particulars		MFO/PAP		UACS Code/Expenditure		
33366655544 RRHFS		TO OBLIGATE PAYMENT FOR RATA OF DOH VII OFFICIALS FOR THE MONTH OF FEBRUARY 2018, IN THE AMOUNT OF		310100100001000				
		PO No. _____ PR No. _____ DV No. T01-0268						
		Total				0.00		
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						
Position :		Position						
RAMIL R. ABREA, CPA, MBA		LEONORA A. ANIEL						
OIC- Chief - Management Support Division NIR		BUDGET OFFICER III						
Head Requesting Office / Authorized Representative		Head, Budget Unit / Authorized Representative						
Date :		Date				11/13/2018		
C.		STATUS OF OBLIGATION						
Reference			Amount					
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable		
02/13/2018	Obligation	5387-2018-02-13-2						
Totals								


OBLIGATION REQUEST AND STATUS

 Republic of Philippines Department Of Health Regional Office 7 Central Visayas, Osmeña Blvd. Cebu City			No : <u>5388-2018-01-11-3</u>			
			Date : <u>01/11/2018</u>			
			Fund : _____			
Payee	LANDBANK OF THE PHILIPPINES					
Office	Department of Health					
Address	CEBU CITY					
Responsibility Center	Particulars	MFO/PAP	UACS Code/ Expenditure	Amount		
203555444588 STO-OPERATIONS	TO OBLIGATE PAYMENT FOR RATA OF DOH VII OFFICIALS FOR THE MONTH OF FEBRUARY 2018, IN THE AMOUNT OF	310202100002000	5010101001	50,000.00		
	PO No. _____ PR No. _____ DV No. T01-02683 Total			50,000.00		
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 :	ELIZABETH P. TABASA, CPA, MBA, CEO VI		Printed Name	LEONORA A. ANIEL		
Position :	Chief - Management Support Division		Position	BUDGET OFFICER III		
	Head Requesting Office / Authorized Representative			Head, Budget Unit / Authorized Representative		
Date :			Date	11/13/2018		
C.	STATUS OF OBLIGATION					
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
01/11/2018	Obligation	5388-2018-01-11-3	50,000.00	45,000.00		
		Totals				

OBLIGATION REQUEST AND STATUS

			<p align="center">Republic of Philippines</p> <p align="center">Department Of Health</p> <p align="center">Regional Office 7</p> <p align="center">Central Visayas, Osmeña Blvd. Cebu City</p>			<p>No : 5389-2018-11-14-4</p> <p>Date : 11/14/2018</p> <p>Fund :</p>		
Payee		PHIC						
Office		Department of Health						
Address		CEBU CITY						
Responsibility Center		Particulars		MFO/PAP		UACS Code/Expenditure		
33366655544 RRHFS		TO OBLIGATE GOVERNMENT SHARE FOR PHIC REMITTANCES OF DIRFO7 PERSONNEL FOR THE MONTH OF FEBRUARY 2018, IN THE AMOUNT OF		310100100001000		5010101001 5010102000		
		PO No. PR No. DV No. S03-0267/0269 Total				60,000.00 50,000.00 110,000.00		
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						
Position :		Position						
RAMIL R. ABREA, CPA, MBA		LEONORA A. ANIEL						
OIC- Chief - Management Support Division NIR		BUDGET OFFICER III						
Head Requesting Office / Authorized Representative		Head, Budget Unit / Authorized Representative						
Date :		Date				11/13/2018		
C. STATUS OF OBLIGATION								
Reference			Amount					
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable		
11/14/2018	Obligation	5389-2018-11-14-4	110,000.00	20,100,000.00				
Totals								

OBLIGATION REQUEST AND STATUS

 <div style="text-align: center;"> Republic of Philippines Department Of Health Regional Office 7 Central Visayas, Osmeña Blvd. Cebu City </div>						No : 5391-2018-11-21-5	
						Date : 11/21/2018	
						Fund : _____ _____ _____	
Payee		LANDBANK OF THE PHILIPPINES					
Office		Department of Health					
Address		CEBU CITY					
Responsibility Center		Particulars		MFO/PAP	UACS Code/ Expenditure	Amount	
88555555222525 HP		TO OBLIGATE GOVERNMENT SHARE FOR PHIC REMITTANCES OF DIRFO7 PERSONNEL FOR THE MONTH OF FEBRUARY 2018, IN THE AMOUNT OF		200000000001000			
		PO No.		PR No.			
		DV No. S03- 0267/0269-33		Total		0.00	
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		11/13/2018	
C.		STATUS OF OBLIGATION					
Reference				Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable	
11/21/2018	Obligation	5391-2018-11-21-5					
Totals							