


# OBLIGATION REQUEST AND STATUS

|   |  |                              |  |   |                    |                           |
|---|--|------------------------------|--|---|--------------------|---------------------------|
|  <div style="margin-left: 20px;"> <b>Republic of Philippines</b><br/> <b>Department Of Health</b><br/> <b>Regional Office 7</b><br/> <b>Central Visayas, Osmeña Blvd. Cebu City</b> </div> |  |                              | <b>No :</b> <span style="float: right;"><b>02011101-20180</b></span> |   |                    |                           |
|   |  |                              | <b>Date :</b> <span style="float: right;"><b>20/4/2018</b></span>    |   |                    |                           |
|   |  |                              | <b>Fund :</b> <span style="float: right;"><b>02101101</b></span>     |   |                    |                           |
|   |  |                              |  |   |                    |                           |
| <b>Payee</b>  | <b>JONATAHN NIEL V. ERASMO</b>   |                              |  |   |                    |                           |
| <b>Office</b>   | <b>Department of Health</b>  |                              |  |   |                    |                           |
| <b>Address</b>  | <b>Cebu</b>  |                              |  |   |                    |                           |
| <b>Responsibility</b>   | <b>Particulars</b>   | <b>MFO/PAP</b>               | <b>UACS Code/<br/>Expenditure</b>                                    | <b>Amount</b>   |                    |                           |
| HRH-INSTITUTINAL<br>CAPACITY  | TO OBLIGATE PAYMENT FO MEALS<br>(PACKED) FOR THE PRE SERVICE MEDICAL<br>SCHOLARSHIP PROGRAM ORIENTATION, IN<br>THE AMOUNT OF   |                              |  |   |                    |                           |
|   | <div style="display: flex; justify-content: space-between;"> <span>PO No.2018-007</span> <span>PR No.B9-18-30</span> </div> <div style="display: flex; justify-content: space-between;"> <span>DV No.232323</span> <span>Total</span> </div> |                              |  | 10,000  |                    |                           |
| <b>A.</b>   | <b>Certified:</b>  |                              | <b>B.</b>  | <b>Certified:</b>   |                    |                           |
|   | Charges to appropriatio/ allotment necessary, lawful and under my direct supervision; and supporting document valid, proper and legal  |                              |  | Allotment available and obligated for the purpose/adjustment necessary as indicated above |                    |                           |
| <b>Signature :</b>  | <b>Sigenature</b>  |                              | <b>Signature :</b>   | <b>Signature</b>  |                    |                           |
| <b>Printed Name :</b>   | <b>GUY R. PEREZ, MD, RPT, FPSMS, MBAHA, CESE</b>   |                              | <b>Printed Name :</b>  | <b>LEONORA A. ANIEL</b>   |                    |                           |
| <b>Position :</b>   | <b>OIC - Chief - Regulation, Liscensing, Enforcement Division</b>  |                              | <b>Position :</b>  | <b>BUDGET OFFICER III</b>   |                    |                           |
|   |  |                              |  |   |                    |                           |
|   | Head Requesting Office / Authorized Representative   |                              |  | Head, Budget Unit/Authorized Representative   |                    |                           |
| <b>Date :</b>   | <b>20/4/2018</b>   |                              | <b>Date :</b>  | <b>20/4/2018</b>  |                    |                           |
|   |  |                              |  |   |                    |                           |
| <b>C.</b>   | <b>STATUS OF OBLIGATION</b>  |                              |  |   |                    |                           |
| Reference   |  |                              | Amount   |   |                    |                           |
| <b>Date</b>   | <b>Particulars</b>   | <b>ORS/JEV/RCI/RADAI No.</b> | <b>Obligation</b>  | <b>Payment</b>  | <b>Not Yet Due</b> | <b>Due and Demandable</b> |
|   |  |                              |  |   |                    |                           |
|   |  |                              |  |   |                    |                           |
|   |  | Totals                       |  |   |                    |                           |