## OBLIGATION REQUEST AND STATUS

RIMENT OF	<u>a</u>	Republic of Philippines  Department Of Health				No :		2018-01-08-1	
A STATE OF THE STA	星					Date :		10/05/2018	
Report to the second		Regional Office 7						02101101	
AL OI		Cen	tral Visayas, Osmeña Blvd. Ceb	u City					
Payee		LANDBANK OF THE PHILIPPINES							
Office		Department of Health							
Address		CEBU CITY							
Responsibility		Particulars		MFO/PAP		UACS Code/ Expenditure		Amount	
A. Certified:		TO OBLIGATE PAYMENT OF LONGEVITY PAY OF DOH RO7 PERSONNEL FOR THE MONTH OF JANUARY 2018, IN THE AMOUNT OF REX  PO No. PR No. DV No. T01-0002 Total  appropriation/ allotment necessary, lawful and under my direct and supporting documents valid, proper and legal		B. Certified: Allotment av indicated ab		vailable and obligated for the purp		0.00 pose/adjustment necessary as	
	i.			Signature :					
Signature : Printed Name :	-	ELIZABETH P. TABASA, CPA, MBA, CEO VI				LEONORA A. ANIEL			
Position :			ement Support Division	Printed Name Position		BUDGET OFFICER III			
	Head Requesting Office / Authorized Representative				Head, Budget Unit / Authorized Representative				
Date :				Date		10/05/2018			
C.		Referen		TUS OF OBLIGA	TION	Amount			
Date	Pa	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable	
01/08/2018	0	bligation							
l			Totala	I				I	

## OBLIGATION REQUEST AND STATUS

RIMENT OF	<u>a</u>	Republic of Philippines  Department Of Health				No :		2018-10-16-2	
P. P	E					Date :		10/05/2018	
TI deservation of the Land		Regional Office 7				Fund :		02101101	
AL OF		Cen	tral Visayas, Osmeña Blvd. Ceb	u City					
Payee		LANDBANK OF THE PHILIPPINES							
Office		Department of Health							
Address		CEBU CITY							
Responsibility		Particulars		MFO/PAP		UACS Code/ Expenditure		Amount	
A. Certified:  Charges to a supervision;		TO OBLIGATE PAYMENT OF CLOTHING ALLOWANCE OF DOH RO7 PERSONNEL FOR CY 2018, IN THE AMOUNT OF  PO No. PR No. DV No. T01-0001 Total  appropriation/ allotment necessary, lawful and under my direct and supporting documents valid, proper and legal		B. Certified: Allotment av indicated ab		vailable and obligated for the purp		0.00 nose/adjustment necessary as	
Signature :				Signature :					
Printed Name :	E	ELIZABETH P. T	ABASA, CPA, MBA, CEO VI	Printed Name		LEONORA A. ANIEL			
Position :		Chief - Management Support Division				BUDGET OFFICER III			
	Head Requesting Office / Authorized Representative				Head, Budget Unit / Authorized Representative				
Date :				Date		10/05/2018			
C.		Deferen		TUS OF OBLIGA	TION	Amount			
	Reference					AMC	Juill		
Date	Pa	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable	
10/16/2018	0	bligation							
			Tatala				_		