## OBLIGATION REQUEST AND STATUS

| ET OF THE PERSON |  | Republic of Philippines  Department Of Health                    |   |   |   | No :                      | 0:                      | 2011101-20180                     |  |
|--|--|--|---|---|---|---------------------------|-------------------------|-----------------------------------|--|
|  |  |  |   |   | Date :                                  |                           | 07/24/2018              |                                   |  |
| TICHON SEECHE  |  | Regional Office 7  |   |   | Fund :                                  |                           | 02101101                |                                   |  |
| Central Visayas, Osmeña Bl   |  |  | tral Visayas, Osmeña Blvd. Cebu                             | ebu City                                      |   |                           |                         |                                   |  |
| Paye   | е  | LANDBANK OF THE PHILIPPINES                                      |   |   |   |                           |                         |                                   |  |
| Office   |  | Department of Health   |   |   |   |                           |                         |                                   |  |
| Address  |  | CEBU CITY  |   |   |   |                           |                         |                                   |  |
| Responsibility   |  | Particulars  |   | MFO/PAP                                       |   | UACS Code/<br>Expenditure |                         | Amount                            |  |
| A. Certified:  Charges to a supervision;   |  | PAY OF DOH<br>MONTH OF JA<br>OF<br>PO No.PR-201<br>DV No. T01-00 | No.PR-2018-01-08 PR No. P0-2018-01-31<br>No. T01-0002 Total |   | B. Certified:  Allotment avindicated ab |                           | 01001<br>02000<br>10001 | 24,000.00<br>8,000.00<br>8,000.00 |  |
| 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                      |                           |                         |                                   |  |
|  |  |  |   |   |   |                           |                         |                                   |  |
| Data   | Head Requesting Office / Authorized Representative |  | Data  | Head, Budget Unit / Authorized Representative |   |                           |                         |                                   |  |
| C.   |  |  | US OF OBLIGA  | 07/24/2018<br>ATION                           |   |                           |                         |                                   |  |
| <u>.                                    </u>   | Amount   |  |   |   |   |                           |                         |                                   |  |
| Date   | Pa   | Reference  | ORS/JEV/RCI/RADAI No.                                       | Obligation                                    | ı                                       | Payment                   | Not Yet Due             | Due and<br>Demandable             |  |
|  |  |  |   |   |   |                           |                         |                                   |  |