OBLIGATION REQUEST AND STATUS

STMENT OF	À	Republic of Philippines Department Of Health				No :	10/04/2018	
A STATE OF THE STA	E					Date :		
To the set account to the set of		Regional Office 7				Fund :	02101101	
Central Visayas, Osmeña Blvd. Cebu Ci								
Payee		PHIC						
Office		Department of Health						
Address		CEBU CITY						
Responsibility		Particulars		MFO/PAP		UACS Code/ Expenditure		Amount
A. Certified:		TO OBLIGATE GOVERNMENT SHARE FOR PHIC REMITANCES OF DIRFO7 PERSONNEL FOR THE MONTH OF JANUARY 2018, IN THE AMOUNT OF PO No. PR No. DV No. S01-0049 Total appropriation/ allotment necessary, lawful and under my direct and supporting documents valid, proper and legal		B. Certified: Allotment avindicated ab		vailable and obligated for the purp		25,000.00 25,000.00 ose/adjustment necessary as
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				
Date :	Head Requesting Office / Authorized Representative		Data	Head, Budget Unit / Authorized Representative				
Date :	074		Date	10/22/2018				
0.	TUS OF OBLIGATION Amount							
		Referen						
Date	Pa	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable
10/04/2018	0	bligation		25,000.00				