OBLIGATION REQUEST AND STATUS

ATMENT OF	<u> </u>	Republic of Philippines Department Of Health			No :	0	2011101-20180	
a di	E				Date :		08/30/2018	
REGIONAL CERTIFIE		Regional Office 7				Fund :		02101101
AL OF	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 supervision;		PAY OF DOH MONTH OF JA OF PO No. DV No. T01-00	PR No. PR No. OO2 Total ent necessary, lawful and under my direct uments valid, proper and legal	B. Certified:		railable and obligation		30,000.00 30,000.00 pose/adjustment necessary as
Signature : Printed Name :			Signature : Printed Name		LEONODA A ANIEL			
Position :	JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS Chief - Local Health Support Division		Position		LEONORA A. ANIEL BUDGET OFFICER III			
					200021011021111			
D-4-	Head Requesting Office / Authorized Representative		D-4-	-	Head, Budget Unit / Authorized Representative			
Date :			Date	08/30/2018				
C.	TUS OF OBLIGATION Amount							
Reference								
Date	Pi	articulars	ORS/JEV/RCI/RADAI №.	Obligation		Payment	Not Yet Due	Due and Demandable