## **OBLIGATION REQUEST AND STATUS**

THE PART OF THE PA		Republic of Philippines  Department Of Health			No :	0:	2011101-20180	
					Date :		17/4/2018	
		Regional Office 7				Fund :		02101101
	u City							
Payee JONATAHN NIEL V. ERASMO								
Office		Department of Health						
Address		Cebu						
Responsibility		Particulars		MFO/PAP		UACS Code/ Expenditure		Amount
HRH-INSTITUTINAL CAPACITY		(PACKED) FO SCHOLARSHI	TO OBLIGATE PAYMENT FO MEALS PACKED) FOR THE PRE SERVICE MEDICAL SCHOLARSHIP PROGRAM ORIENTATION, IN THE AMOUNT OF					
		PO No.2018-0 DV No.232323						10,000
A.	Certified:	DV 140.232323	Total	В.	Certified:			10,000
	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 necesarry as indicated above			
Signature :	Sigenature		Signature :	Signature LEONORA A ANIEL				
Printed Name : Position :		GUY R. PEREZ, MD, RPT, FPSMS, MBAHA, CESE		Printed Name : Position :	LEONORA A. ANIEL			
	OIC - Chief - Regulation, Liscensing, Enforcement Division  Head Requesting Office / Authorized Representative		Date :	BUDGET OFFICER III  Head, Budget Unit/Authorized Representative				
Date :			17/4/2018	Date .	-		17/4/2018	
<u> </u>			OT A T	THE OF ORLIGA	TION			
C. STAT				Amount				
Date	Pa	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable
	1	•	T					