## OBLIGATION REQUEST AND STATUS

SE THE NT OF THE PERSON NAMED IN COLUMN TO SERVICE AND		Republic of Philippines  Department Of Health				No :	1	1/14/20185389	
						Date :		11/14/2018	
Hora America		Regional Office 7				Fund :			
AL OF	u City								
Payee		PHIC							
Office		Department of Health							
Address		CEBU CITY							
Responsibility		Particulars		MFO/PAP			Code/ nditure	Amount	
33366655544 RRHFS		PHIC REMITT PERSONNEL	E GOVERNMENT SHARE FOR PANCES OF DIRFO7 FOR THE MONTH OF 018, IN THE AMOUNT OF	310100100001000		50101 50101	01001 02000	25,000.00 50,000.00	
		PO No. PR No.							
A. Certified:		DV No. S03-02			Certified:			75,000.00	
Signature :	Charges to appropriation/ allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal			Signature :	Allotment av indicated ab	tment available and obligated for the purpose/adjustment necessary as cated above			
Printed Name :	e: RAMIL R. ABREA, CPA, MBA		ABREA, CPA, MBA	Printed Name		LEONORA A. ANIEL			
Position :			- Chief - Management Support Division NIR			BUDGET OFFICER III			
Date :	Head Requesting Office / Authorized Representative		Date	1	Head, Budget Unit / Authorized Representative				
C.			STA	TUS OF OBLIGA	11/12/2018 TION				
Reference						Amo	ount		
Date	Pi	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable	
11/14/2018	o	bligation		75,000.00	1,0	075,000.00			
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