## OBLIGATION REQUEST AND STATUS

RIMENT OF	à	Republic of Philippines  Department Of Health			No :	0	2011101-20180	
DE	E				Date :		08/17/2018	
TREDONAL OFFICE		Regional Office 7			Fund :		02101101	
Central Visayas, Osmeña Blvd. Ceb				u City				
Payee		LANDBANK OF THE PHILIPPINES						
Office		Department of Health						
Address		CEBU CITY						
Responsibility		Particulars		MFO/PAP			UACS Code/ Expenditure Amount	
PA MO OF PO DV  A. Certified:		PAY OF DOH MONTH OF JA OF PO No.PR-20- DV No. T01-00	E PAYMENT OF LONGEVITY RO7 PERSONNEL FOR THE ANUARY 2018, IN THE AMOUNT  18-01-08 PR No. P0-2018-01-31 002 Total  ent necessary, lawful and under my direct uments valid, proper and legal	B. Certified: Allotment a indicated ab		vailable and oblig	02000	800,000.00  800,000.00  sose/adjustment necessary as
Signature :	re:		Signature :					
Printed Name :	JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS			Printed Name		LEONORA A. ANIEL		
Position :	Chief - Local Health Support Division		Position		BUDGET OFFICER III			
	Head Requesting Office / Authorized Representative				Head, Budget Unit / Authorized Representative			
Date :			Date	08/17/2018				
C.	TUS OF OBLIGATION  Amount							
Reference								
Date	Pa	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable
			Table					