## OBLIGATION REQUEST AND STATUS

RIMENT OF A	à	Republic of Philippines			No :	0	2011101-20180		
O DE LA COLLA DE L		Department Of Health				Date :		07/17/2018	
RICHONAL OFFICE		Regional Office 7			Fund :		02101101		
	u City								
Payee		LANDBANK OF THE PHILIPPINES							
Office		Department of Health							
Address		CEBU CITY							
Responsibility		Particulars		MFO/PAP		UACS Code/ Expenditure		Amount	
A. Certified:				B. Certified:		50101 50101 50102 50102	02000 01001	5,000.00 5,000.00 5,000.00 5,000.00	
Charges to a supervision; a		appropriation/ allotment necessary, lawful and under my direct and supporting documents valid, proper and legal			Allotment available and obligated for the purpose/adjustment necessary as indicated above				
Signature :				Signature :					
Printed Name :	DR. EMILI	A MONICIMPO	Printed Name	LEONORA	DRA A. ANIEL				
C. STATUS OF OBLIGATION									
Reference			Amount						
Date	Particulars		ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable	
			Totals						