


OBLIGATION REQUEST AND STATUS

 Republic of Philippines Department Of Health Regional Office 7 Central Visayas, Osmeña Blvd. Cebu City			No : <u>11/14/20185389</u>			
			Date : <u>11/14/2018</u>			
			Fund : _____			
Payee	PHIC					
Office	Department of Health					
Address	CEBU CITY					
Responsibility	Particulars	MFO/PAP	UACS Code/ Expenditure	Amount		
33366655544 RRHFS	TO OBLIGATE GOVERNMENT SHARE FOR PHIC REMITTANCES OF DIRFO7 PERSONNEL FOR THE MONTH OF FEBRUARY 2018, IN THE AMOUNT OF	310100100001000	5010101001 5010102000	25,000.00 50,000.00		
	PO No. _____ PR No. _____ DV No. S03-0267/0269					
	Total			75,000.00		
A.	Certified:		B.	Certified:		
	Charges to appropriation/ allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal			Allotment available and obligated for the purpose/adjustment necessary as indicated above		
Signature :			Signature :			
Printed Name :	RAMIL R. ABREA, CPA, MBA		Printed Name	LEONORA A. ANIEL		
Position :	OIC- Chief - Management Support Division NIR		Position	BUDGET OFFICER III		
	Head Requesting Office / Authorized Representative			Head, Budget Unit / Authorized Representative		
Date :			Date	11/07/2018		
C.	STATUS OF OBLIGATION					
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
11/14/2018	Obligation		75,000.00	75,000.00		
		Totals				