OBLIGATION REQUEST AND STATUS

RIMENT OF A		Republic of Philippines			No :		2018-01-08-2	
O STATE		Department Of Health				Date :		08/30/2018
REGIONAL DEFICE		Regional Office 7				Fund :		02101101
		Central Visayas, Osmeña Blvd. Cebu City						
Payee		LANDBANK OF THE PHILIPPINES						
Office		Department of Health						
Address		CEBU CITY						
Responsibility		Particulars		MFO/PAP		UACS Code/ Expenditure		Amount
PAY MON OF PO N DV N A. Certified:		PAY OF DOH MONTH OF JA OF PO No. DV No. T01-00	PR No. OO2 Total ent necessary, lawful and under my direct uments valid, proper and legal	B. Certified: Allotment av indicated ab		50101i		15,000.00 15,000.00 ose/adjustment necessary as
Signature :			Signature :					
Printed Name :	ELIZABETH P. TABASA, CPA, MBA, CEO VI			Printed Name		LEONORA A. ANIEL		
Position :	Chief - Management Support Division		Position	-	BUDGET OFFICER III			
	Head Requesting Office / Authorized Representative				Head, Budget Unit / Authorized Representative			
Date :			Date		08/30/2018			
•				TUS OF OBLIGA	TION	Α.		
Reference					Amount			
Date	Pa	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable
			Teals					