OBLIGATION REQUEST AND STATUS

STMENT OF	<u>a</u>	Republic of Philippines				No :	0	2011101-20180	
E I		Department Of Health				Date :		08/16/2018	
He Charles		Regional Office 7			Fund :		02101101		
Central Visa			tral Visayas, Osmeña Blvd. Ceb	Visayas, Osmeña Blvd. Cebu City					
Payee		PHIC							
Office		Department of Health							
Address		CEBU CITY							
Responsibility		Particulars		MFO/PAP		UACS Code/ Expenditure		Amount	
A. Certified: Charges to supervision;		PHIC REMITA FOR THE MO AMOUNT OF PO No.	PR No. O49 Tota Tent necessary, lawful and under my direct uments valid, proper and legal	B. Certified:		railable and oblig	ated for the purp	0.00 oose/adjustment necessary as	
Signatura				Signature					
Signature : Printed Name :	JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS			Signature : Printed Name		LEONORA A. ANIEL			
Position :		Chief - Local Health Support Division		Position		BUDGET OFFICER III			
Н		ead Requesting Of	fice / Authorized Representative			Head, Budget Unit / Authorized Representative			
Date :			Date		08/16/2018				
C. STATUS OF OBLIGATION Reference Amount									
Date	Pi	Referen articulars	CE ORS/JEV/RCI/RADAI No.	Obligation		Amo Payment	Not Yet Due	Due and Demandable	
			Totals						