


# OBLIGATION REQUEST AND STATUS

 <b>Republic of Philippines</b> <b>Department Of Health</b> <b>Regional Office 7</b> <b>Central Visayas, Osmeña Blvd. Cebu City</b>			<b>No :</b> <u>11/14/20185389</u>			
			<b>Date :</b> <u>11/14/2018</u>			
			<b>Fund :</b> _____			
<b>Payee</b>	<b>PHIC</b>					
<b>Office</b>	<b>Department of Health</b>					
<b>Address</b>	<b>CEBU CITY</b>					
<b>Responsibility</b>	<b>Particulars</b>	<b>MFO/PAP</b>	<b>UACS Code/ Expenditure</b>	<b>Amount</b>		
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 <span style="float: right;">Total</span>			75,000.00		
<b>A.</b>	<b>Certified:</b>		<b>B.</b>	<b>Certified:</b>		
	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 :	<b>RAMIL R. ABREA, CPA, MBA</b>		Printed Name	<b>LEONORA A. ANIEL</b>		
Position :	<b>OIC- Chief - Management Support Division NIR</b>		Position	<b>BUDGET OFFICER III</b>		
	Head Requesting Office / Authorized Representative			Head, Budget Unit / Authorized Representative		
Date :			Date	<b>11/06/2018</b>		
<b>C.</b>	<b>STATUS OF OBLIGATION</b>					
<b>Reference</b>			<b>Amount</b>			
<b>Date</b>	<b>Particulars</b>	<b>ORS/JEV/RCI/RADAI No.</b>	<b>Obligation</b>	<b>Payment</b>	<b>Not Yet Due</b>	<b>Due and Demandable</b>
11/14/2018	Obligation		75,000.00	75,000.00		
		Totals				