OBLIGATION REQUEST AND STATUS

ATMENT OF	d	Republic of Philippines Department Of Health				No :	0	2011101-20180	
a a a a a a a a a a a a a a a a a a a	E .					Date :		06/07/2018	
REGIONAL OFFICE		Regional Office 7				Fund :		02101101	
Central Visayas, Osmeña Blvd. Cebu City									
Paye				·					
Office		Department of Health							
Addres	ss	CEBU CITY							
Responsibility		Particulars		MFO/PAP		UACS Code/ Expenditure		Amount	
PHM		PAY OF DOH MONTH OF J/ OF PO No.B9-18- 18/05/20/06/03 8/29/24/09/25/ DV No. B9-18- 18/05/20/06/03	7/26/27/0 18/05/20/06/07/26/27/0 10 8/29/24/09/25/10 - Total 7/26/27/0			50101	01001 02000 02000	900,000.00 800,000.00 120,000.00	
_	·	8/29/24/09/25/	110	В.					
A.	Certified: Charges to appropriatio/ allotment necessary, lawful and under my direct supervision; and supporting document valid, proper and legal			Б.	Certified: Allotment available and obligated for the purpose/adjustment necesarry as indicated above				
Signature :	GUY R. PEREZ, MD, RPT, FPSMS, MBAHA, CESE			Signature :	LEONORA A. ANIEL				
Printed Name :	OIC - Chief - Regulation, Liscensing, Enforcement Division			Printed Name :	BUDGET OFFICER III				
Position :				Position :					
		Head Requesting Office / Authorized Representative					Head, Budget Unit/Authorized Representative		
		1			06/07/2018				
Date :				Date :					
C.			QTA1	ILS OF OBLIGA	TION				
	Amount								
Date	Pa	Referen	ORS/JEV/RCI/RADAI No.	Obligation	i	Payment	Not Yet Due	Due and Demandable	
			-						
	I		Totals	l	1				