OBLIGATION REQUEST AND STATUS

ALL MENT OF THE STATE OF THE ST		Republic of Philippines Department Of Health				No :	02011101-20180	
						Date :		07/19/2018
REGIONAL DEFICE		Regional Office 7				Fund :		02101101
		Central Visayas, Osmeña Blvd. Cebu City						
Payee		LANDBANK OF THE PHILIPPINES						
Office		Department of Health						
Address		LANDBANK OF THE PHILIPPINES						
Responsibility		Particulars		MFO/PAP		UACS Code/ Expenditure		Amount
PO No. DV No. T01 A. Certified:		PO No. DV No. T01-00	PR No. PR No. Oos Total ent necessary, lawful and under my direct uments valid, proper and legal	B. Certified: Allotment avindicated ab		ailable and obliga	ated for the purp	0.00 ose/adjustment necessary as
Signature :			Signature :					
Printed Name :	DR. EMILIA MONICIMPO		Printed Name		LEONORA A. ANIEL			
Position :	OIC-DIRECTOR IV NIR		IRECTOR IV NIR	Position		BUDGET OFFICER III		
Data :	Head Requesting Office / Authorized Representative		Dete		Head, Budget Unit / Authorized Representative			
C.	CTA		Date FUS OF OBLIGA	07/19/2018				
Reference				Amount				
Date	Pa	articulars	ORS/JEV/RCI/RADAI No.	Obligation	1	Payment	Not Yet Due	Due and Demandable
			Totala					