


# OBLIGATION REQUEST AND STATUS

 <p><b>Republic of Philippines</b>  <b>Department of Health</b>  <b>Central Visayas Center for Health Development</b>  <b>Central Visayas, Osmeña Blvd. Cebu City</b></p>			<b>No :</b> 5555 - 10101 - 2019-02 - 18			
			<b>Date :</b> 02/07/2019			
			<b>Fund :</b> 5555- 10101			
<b>Payee</b>	a					
<b>Office</b>	Department of Health					
<b>Address</b>	a					
<b>Responsibility Center</b>	<b>Particulars</b>	<b>MFO/PAP</b>	<b>UACS Code/ Expenditure</b>	<b>Amount</b>		
TEST 12345	a	200000100002000	5010102000	50,000.00		
			5010202000	500.00		
			5010203001			
	PO No. a                      PR No. a DV No. a                      Total			50,500.00		
<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 :			Printed Name	<b>LEONORA A. ANIEL</b>		
Position :			Position	<b>BUDGET OFFICER III</b>		
	Head Requesting Office / Authorized Representative			Head, Budget Unit / Authorized Representative		
Date :			Date	<b>02/19/2019</b>		
<b>C.</b>	<b>STATUS OF OBLIGATION</b>					
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
<b>02/07/2019</b>	<b>Obligation</b>	<b>5555 - 10101 - 2019-02 - 18</b>	<b>50,500.00</b>			
02/14/2019				600.00	49,900.00	
02/22/2019				900.00	49,000.00	
Totals			50,500.00			