OBLIGATION REQUEST AND STATUS

PIMENT OF	<u>a</u>	Republic of Philippines Department Of Health			No :	0	2011101-20180	
J. S.	E				Date :		09/03/2018	
REGIONAL CERTIFIE		Regional Office 7				Fund :		02101101
Central Visayas, Osmeña Blvd. Ceb				u City				
Payee		LANDBANK OF THE PHILIPPINES						
Office		Department of Health						
Address		CEBU CITY						
Responsibility		Particulars		MFO/PAP			UACS Code/ Expenditure Amount	
A. Certified: Charges to a supervision;		PAY OF DOH MONTH OF JA OF PO No.	PR No. OO2 Total ent necessary, lawful and under my direct uments valid, proper and legal	B. Certified: Allotment a indicated al		vailable and oblig	02000	30,000.00 30,000.00 oose/adjustment necessary as
Signature :								
Printed Name :	ELIZABETH P. TABASA, CPA, MBA, CEO VI		Signature : Printed Name		LEONORA A. ANIEL			
Position :			ement Support Division	Position		BUDGET OFFICER III		
D .	Head Requesting Office / Authorized Representative		D .		Head, Budget Unit / Authorized Representative			
C.	074		Date	09/03/2018				
J.	TUS OF OBLIGATION Amount							
Date	Pa	Referen articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable
			Table					