## OBLIGATION REQUEST AND STATUS

STIMENT OF	à	Republic of Philippines			No :	0	2011101-20180	
D D D D D D D D D D D D D D D D D D D	E	Department Of Health				Date :		2018-06-25
Regions Saustantill		Regional Office 7				Fund :		02101101
VAL OF	Cen	u City						
Paye	 e	LANDBANK OF THE PHILIPPINES						
Office		Department of Health						
Address		CEBU CITY						
Responsibility		Particulars		MFO/PAP		UACS Code/ Expenditure Amount		Amount
A. Certified: Charges to supervision;		PAY OF DOH MONTH OF JA OF PO No.	PR No.  OO2  Total  ont necessary, lawful and under my direct ument valid, proper and legal	l B. <b>Certified:</b>		50101		800,000.00  800,000.00  sose/adjustment necesarry as
Signature :	GUY R. PEREZ, MD, RPT, FPSMS, MBAHA, CESE		Signature :	LEONORA A. ANIEL				
Printed Name :	OIC -	OIC - Chief - Regulation, Liscensing, Enforcement Division		Printed Name :	BUDGET OFFICER III			
Position :				Position :				
		Head Requesting C	1	Head, Budget Unit/Authorized Representative				
		:	2018-06-25	<del> </del>	2018-06-25			
Date :				Date :				
C.		TUS OF OBLIGA	TION					
Reference			Amount					
Date	Particulars		ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable
	1		Totals	1	1			I