OBLIGATION REQUEST AND STATUS

ATMENT OF	<u>à</u>	Republic of Philippines Department Of Health Regional Office 7				No :	0	2011101-20180	
and the second s	TH.					Date :		2018-06-14	
PROJUNAL OFFICE	E .					Fund :		02101101	
		Cer	ntral Visayas, Osmeña Blvd. Ceb	u City					
Paye									
Office	Depart	Department of Health							
Addres	ss CEBU	CITY							
Responsi	bility	Particulars			MFO/PAP		Code/ nditure	Amount	
PHM	PAY OF MONTH OF PO No. 18/05/2 8/29/24	PO No.B9-18- 18/05/20/06/07/26/27/0 18/05/20/06/07/26/27/0 8/29/24/09/25/10				50101	01001 02000 02000	900,000.00 800,000.00 120,000.00	
		0/06/0	7/26/27/0						
A.	Certified:		B.	Certified:					
	Charges to appropriatio/ allotment necessary, lawful and under my direct supervision; and supporting document valid, proper and legal				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 Re	Head Requesting Office / Authorized Representative				Head, Budget Unit/Authorized Representative			
		2018-06-14					2018-06-14		
Date :				Date :					
C.	TUS OF OBLIGATION								
	Amount								
Date	Particulars		ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable	
i .	1		Totals	I	1			ļ	