OBLIGATION REQUEST AND STATUS

ETMENT OF I		Republic of Philippines				No :	2018-06-28	
DE STATE OF THE ST	EL H	Department Of Health				Date :		
A CERCET		Regional Office 7				Fund :		02101101
		Cen	tral Visayas, Osmeña Blvd. Ceb	u City				
Paye								
Office		Department of Health						
Address CEBU CITY								
Responsibility		Particulars		MFO/PAP		UACS Code/ Expenditure		Amount
PHM		FOR DOH RO	PR No. B9-18- 18/05/20/06/07/26/27/0 8/29/24/09/25/10					0.00
A.	Certified:	Certified:		B.	Certified:			
	Charges to appropriatio/ allotment necessary, lawful and under my direct supervision; and supporting document valid, proper and legal				Allotment av indicated ab	/ailable and oblig	gated for the purp	ose/adjustment necesarry as
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 Requesting C			Head, Budget Unit/Authorized Representative			
			2018-06-28			2018-06-28		
Date :				Date :				
C.	TUS OF OBLIGATION							
Reference			Amount					
Date	P	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable
			Totals	I			1	1