


OBLIGATION REQUEST AND STATUS

 Republic of Philippines Department Of Health Regional Office 7 Central Visayas, Osmeña Blvd. Cebu City			No : <u>5392-2018-01-07-1</u>			
			Date : <u>01/07/2018</u>			
			Fund : _____			
Payee <u>Timothy John Arriesgado</u>						
Office <u>Department of Health</u>						
Address _____						
Responsibility Center	Particulars	MFO/PAP	UACS Code/ Expenditure	Amount		
14 2018-01-0044	Reimbursement	310202100001000	5020101000	50,000.00		
	PO No. _____ PR No. _____ DV No. 2018-001 Total			50,000.00		
A. Certified:		B. Certified:				
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 : JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS		Printed Name : LEONORA A. ANIEL				
Position : Chief - Local Health Support Division		Position : BUDGET OFFICER III				
Head Requesting Office / Authorized Representative		Head, Budget Unit / Authorized Representative				
Date :		Date		11/23/2018		
C. STATUS OF OBLIGATION						
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
01/07/2018	Obligation	5392-2018-01-07-1	50,000.00	50,000.00		
Totals						