## OBLIGATION REQUEST AND STATUS

| ALL MENT OF THE PARTY OF THE PA |  | Republic of Philippines  Department Of Health                                |  |   |   | No :                      | 0           | 2011101-20180  |
|--|--|--|--|---|---|---------------------------|-------------|--|
|  |  |  |  |   |   | Date :                    |             | 08/15/2018   |
| REGIONAL DEFICE  |  | Regional Office 7  |  |   |   | Fund :                    |             | 02101101   |
|  |  | Central Visayas, Osmeña Blvd. Cebu City                                      |  |   |   |                           |             |  |
| Payee  |  | LANDBANK OF THE PHILIPPINES  |  |   |   |                           |             |  |
| Office   |  | Department of Health   |  |   |   |                           |             |  |
| Address  |  | CEBU CITY  |  |   |   |                           |             |  |
| Responsibility   |  | Particulars  |  | MFO/PAP                                 |   | UACS Code/<br>Expenditure |             | Amount   |
| PAY OF DO MONTH OF OF  PO No.PR-2 DV No. T01  A. Certified:  |  | PAY OF DOH<br>MONTH OF JA<br>OF<br>PO No.PR-20 <sup>2</sup><br>DV No. T01-00 | E PAYMENT OF LONGEVITY RO7 PERSONNEL FOR THE ANUARY 2018, IN THE AMOUNT  18-01-08 PR No. P0-2018-01-31 002 Total  ent necessary, lawful and under my direct uments valid, proper and legal | B. Certified: Allotment av indicated ab |   | /ailable and obliga       |             | 100,000.00  100,000.00  nose/adjustment necessary as |
| Signature :  |  |  |  | Signature :                             |   |                           |             |  |
| Printed Name :   |  | DR. EMILIA MONICIMPO   |  | Printed Name                            |   | LEONORA A. ANIEL          |             |  |
| Position :   | OIC-DIRECTOR IV NIR                                |  | Position   |   | BUDGET OFFICER III                            |                           |             |  |
|  |  |  |  |   |   |                           |             |  |
|  | Head Requesting Office / Authorized Representative |  |  |   | Head, Budget Unit / Authorized Representative |                           |             |  |
| Date :   |  |  | Date   | 08/15/2018                              |   |                           |             |  |
| •  |  |  |  | TUS OF OBLIGATION                       |   |                           |             |  |
| Reference  |  |  |  |   | Amount  |                           |             |  |
| Date   | Pa   | articulars   | ORS/JEV/RCI/RADAI No.  | Obligation                              | 1   | Payment                   | Not Yet Due | Due and<br>Demandable                                |
|  |  |  | Teach  |   |   |                           |             |  |