## OBLIGATION REQUEST AND STATUS

RIMENT OF	à	Republic of Philippines  Department Of Health				No :	0	2011101-20180	
OK DE	E					Date :		10/04/2018	
PROPORTION OF THE PROPERTY OF		Regional Office 7				Fund :		02101101	
Central Visayas, Osmeña Blvd. Cebu City									
Paye	9	PHIC							
Office		Department of Health							
Address		CEBU CITY							
Responsibility		Particulars		MFO/PAP		UACS Code/ Expenditure		Amount	
A. Certified:		PHIC REMITA FOR THE MO AMOUNT OF PO No.		B. Certified:			02000	80,000.00 80,000.00	
Charges to		appropriation/ allotm and supporting doc		Allotment available and obligated for the purpose/adjustment necessary as indicated above					
Signature :			Signature :						
Printed Name :	RAMIL R. ABREA, CPA, MBA			Printed Name		LEONORA A. ANIEL			
Position :	OIC- Chief - Management Support Division NIR			Position	BUDGET OFFICER III				
Date	Head Requesting Office / Authorized Representative		Data	Head, Budget Unit / Authorized Representative					
Date :	CTA		Date	10/31/2018					
C.	TUS OF OBLIGATION  Amount								
Reference									
Date	Pa	articulars	ORS/JEV/RCI/RADAI №.	Obligation		Payment	Not Yet Due	Due and Demandable	
10/04/2018	0	bligation		80,000.00	7	75,000.00			