OBLIGATION REQUEST AND STATUS

A. Certified: Charges to appropriatio/ allotment necessary, lawful and under my direct supervision; and supporting document valid, proper and legal Signature: Signature: Signature: GUY R. PEREZ, MD, RPT, FPSMS, MBAHA, CESE Printed Name: OIC - Chief - Regulation, Liscensing, Enforcement Division Head Requesting Office / Authorized Representative Date: Date: Date: Certified: Allotment available and obligated for the purpose/adjustment necesarry as indicated above Signature: Signature: Signature: Signature Printed Name: LEONORA A. ANIEL BUDGET OFFICER III Head, Budget Unit/Authorized Representative Date: 2018-05-21 Date: 2018-05-21	THE TOP THE PERSON OF THE PERS		Republic of Philippines			No :	0:	2011101-20180	
Central Visayas, Osmeña Bivd. Cebu City Payee JONATAHN NIEL V. ERASMO Office Department of Health Address Cebu Responsibility Particulars MFO/PAP UACS Code/ Expenditure Amount HRH-INSTITUTINAL CAPACITY CAPACITY PO No. 2018-007 PR No. B9-18-30 DV No. 232323 Total A. Certified: Charges to appropriate allotment necessary, lawful and under my direct supervision; and supporting document valid, pioper and legal Signature: Sigenature Printed Name: GUY R. PEREZ, MD, RPT, FPSMS, MBAHA, CESE Printed Name: GUY R. PEREZ, MD, RPT, FPSMS, MBAHA, CESE Printed Name: GUY R. PEREZ, MD, RPT, FPSMS, MBAHA, CESE Position: OiC - Chief - Regulation, Liscensing, Enforcement Division Nead Requesting Office / Authorited Representative Date: 2018-05-21 Date: 2018-05-21 Date: 2018-05-21 Date: Department of Health MEDICAL SCHOOL AMOUNT Amount Department of Health Amount Head, Budget UninityAnthorized Representative Date and Department of Health Amount Department of Health Amount Department of Health Amount Department of Health Amount Amount Department of Health Date: 2018-05-21 Date: 2018-05-21							Date :		2018-05-21
Payee JONATAHN NIEL V. ERASMO Office Department of Health Address Cebu Responsibility Particulars MFO/PAP UACS Code/ Expenditure Amount TO OBLIGATE PAYMENT FO MEALS (CAPACITY PACKED) FOR THE PRE SERVICE MEDICAL SCHOLARSHIP PROGRAM ORIENTATION, IN THE AMOUNT OF PO No. 2018-007 PR No. 89-18-30 DV No. 232323 Total A. Certified: B. Certified: Alicited above a paperprisitor alicitement recessary, lawful and under my direct supervision; and supporting document valid, proper and legal Signature: Signature Printed Name: GUY R. PEREZ, MD, RPT, FPSMS, MBAHA, CESE Printed Name: BUDGET OFFICER III Nead Requesting Office / Authorized Representative Nead Requesting Office / Authorized Representative Nead Requesting Office / Authorized Representative Reference Amount Date: 2018-05-21 Date: 2018-05-21 Date: Date of Payment of Health Manual Poper and Amount District Payment of Health Manual Poper and Budget Date: 2018-05-21 Date: 2018-05-21 Date: 2018-05-21 Date: 2018-05-21 Date of Payment P							Fund :		02101101
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