OBLIGATION REQUEST AND STATUS

| RIMENT OF | à | Republic of Philippines | | | No : | 02011101-20180 | | |
|--|--|--|--|---|---|---------------------------|-------------------|--------------------------------------|
| S S S S S S S S S S S S S S S S S S S | E | Department Of Health | | | | Date : | | 07/24/2018 |
| Regional Actions of the Property of the Proper | | Regional Office 7 | | | | Fund : | | 02101101 |
| | Cen | u City | | | | | | |
| Payee | | LANDBANK OF THE PHILIPPINES | | | | | | |
| Office | | Department of Health | | | | | | |
| Address | | CEBU CITY | | | | | | |
| Responsibility | | Particulars | | MFO/PAP | | UACS Code/ Expenditure | | Amount |
| PAY OF DOH MONTH OF JA OF DONO.PR-201 DV No. T01-00 A. Certified: | | PAY OF DOH MONTH OF JA OF PO No.PR-20 ² 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 | | vailable and oblig | ated for the purp | 0.00 rose/adjustment necessary as |
| Signature : | | | | Signature : | | | | |
| Printed Name : | ELIZABETH P. TABASA, CPA, MBA, CEO VI | | | Printed Name | | LEONORA A. ANIEL | | |
| Position : | Chief - Management Support Division | | Position | - | BUDGET OFFICER III | | | |
| | | | | | | | | |
| | Head Requesting Office / Authorized Representative | | | | Head, Budget Unit / Authorized Representative | | | |
| Date : | | | Date | 07/24/2018 | | | | |
| C. | FUS OF OBLIGATION | | | | | | | |
| Reference | | | | | Amount | | | |
| Date | Pa | articulars | ORS/JEV/RCI/RADAI No. | Obligation | | Payment | Not Yet Due | Due and Demandable |
| | | | Teals | | | | | |