## OBLIGATION REQUEST AND STATUS

SALIC OF PHILIA		Republic of Philippines				No :	02 - 10	2101 - 2019-01 - 128
The state of the s		Department of Health CENTER for HEALTH DEVELOPMENT VII				Date :	-	01/22/2019
						Fund :	02- 102101	
WENT *	Cen	u City						
Paye	MARIA CHON							
Office		Department of Health						
Addre	ss	CEBU CITY						
Responsibility Center		Particulars		MFO/PAP		UACS Code/ Expenditure		Amount
A. Certified:		PO No. PR No.  DV No. T12-8612 Total  appropriation/ allotment necessary, lawful and under my direct and supporting documents valid, proper and legal		B. Certified:  Allotment a indicated at		vailable and obligated for the purp		1,450.00  1,450.00  ose/adjustment necessary as
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			
Date :	Head Requesting Office / Authorized Representative		Date		Head, Budget Unit / Authorized Representative 01/31/2019			
C.	STATUS OF OBLIGATION							
	Amount							
Date	Pa	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable
	0	bligation	02 - 102101 - 2019-01 - 128	1,450.00				