## OBLIGATION REQUEST AND STATUS

ATMENT OF	à	Republic of Philippines  Department Of Health			No :	0	2011101-20180	
J. J	E				Date :		08/23/2018	
REPORT OF THE PARTY OF THE PART		Regional Office 7			Fund :		02101101	
AL OF	Cen	u City						
Paye	 e	LANDBANK O	ANDBANK OF THE PHILIPPINES					
Office		Department of Health						
Address		CEBU CITY						
Responsibility		Particulars		MFO/PAP			S Code/ enditure Amount	
A. Certified:		PO No. DV No. T01-00		B. Certified: Allotment av		railable and obliga	ated for the purp	0.00 ose/adjustment necessary as
	Charges to appropriation/ allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal				indicated ab	ove		
Signature : Printed Name :	: JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS		Signature : Printed Name		LEONORA A. ANIEL			
Position :	Chief - Local Health Support Division		Position		BUDGET OFFICER III			
Data :	Head Requesting Office / Authorized Representative .		Dete	-	Head, Budget Unit / Authorized Representative			
Date :			Date	08/23/2018				
J.	TUS OF OBLIGATION  Amount							
Date	Pi	Referen articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable