


OBLIGATION REQUEST AND STATUS

 <p>Republic of Philippines Department Of Health Regional Office 7 Central Visayas, Osmeña Blvd. Cebu City</p>			No : <u>02011101-20180</u>			
			Date : <u>2018-06-06</u>			
			Fund : <u>02101101</u>			
Payee	BOHOL TROPICS RESORT					
Office	Department of Health					
Address	TAGBILARAN CITY, BOHOL					
Responsibility	Particulars	MFO/PAP	UACS Code/ Expenditure	Amount		
PHM	TO OBLIGATE PAYMENT FOR VENUE, MEALS AND ACCOMMODATION FOR HUMAN RESOURCES FOR HEALTH (HRH) PRE-DEPLOYMENT ORIENTATION FOR THE FOLLOWING PARTICIPANTS FROM BOHOL PROVINCE, IN THE AMOUNT OF		5010101001 5010201001	5,800.00 900,000.00		
	PO No.2018-013 PR No. B9-18- 14/01/15/02/03/16/04/1 7			905,800.00		
	DV No. T01- 0044/0045/0043/0042			Total		
A.	Certified:		B.	Certified:		
	Charges to appropriatio/ allotment necessary, lawful and under my direct supervision; and supporting document valid, proper and legal			Allotment available and obligated for the purpose/adjustment necessary as indicated above		
Signature :	Sigenature		Signature :	Signature		
Printed Name :	GUY R. PEREZ, MD, RPT, FPSMS, MBAHA, CESE		Printed Name :	LEONORA A. ANIEL		
Position :	OIC - Chief - Regulation, Liscensing, Enforcement Division		Position :	BUDGET OFFICER III		
	Head Requesting Office / Authorized Representative			Head, Budget Unit/Authorized Representative		
Date :	2018-06-06		Date :	2018-06-06		
C.	STATUS OF OBLIGATION					
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
		Totals				