OBLIGATION REQUEST AND STATUS

ET THEN TO SERVE THE		Republic of Philippines CENTER for HEALTH DEVELOPMENT VII			No :	02 - 1	02101 - 2018-01 - 1		
					Date :		01/08/2018		
TOONAL OFFICE		Regional Office 7				Fund :		02- 1002101	
Central Visayas, Osmeña Blvd. Ceb				u City					
Paye	9	LANDBANK OF THE PHILIPPINES							
Office		Department of Health							
Address		CEBU CITY							
Responsibility Center		Particulars		MFO/PAP		UACS Code/ Expenditure		Amount	
CONAP A. Certified:		PO No. DV No. T01-00	PR No. PR No. Oo1 Total ent necessary, lawful and under my direct uments valid, proper and legal	B. Certified		railable and oblig	ated for the purp	ose/adjustment necessary as	
Signature :			Signature :						
Printed Name : Position :	SOPHIA M. MANCAO, MD, DPSP			Printed Name Position		LEONORA A. ANIEL			
r osition .			ffice / Authorized Representative	1 OSHIOTI		BUDGET OFFICER III Head, Budget Unit / Authorized Representative			
Date :	Head Requesting Office / Authorized Representative		Date		01/18/2019				
C.					TUS OF OBLIGATION				
	Referen	Amount							
Date	Particulars		ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable	
_	0	bligation	02 - 102101 - 2018-01 - 1					_	