


OBLIGATION REQUEST AND STATUS

 Republic of Philippines Department Of Health Regional Office 7 Central Visayas, Osmeña Blvd. Cebu City			No : 01 - 01101101 - 2018-11 - 1			
			Date : 11/01/2018			
			Fund : 01-01101101			
Payee	Timothy John Arriesgado					
Office	Department of Health					
Address						
Responsibility Center	Particulars	MFO/PAP	UACS Code/ Expenditure	Amount		
1 STO - PS	Reimbursement	200000100002000	5010101001	50,000.00		
	PO No. _____ PR No. _____ DV No. 2018-002 Total			50,000.00		
A.	Certified:		B.	Certified:		
	Charges to appropriation/ allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal			Allotment available and obligated for the purpose/adjustment necessary as indicated above		
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	11/26/2018		
C.	STATUS OF OBLIGATION					
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
11/01/2018	Obligation	01 - 01101101 - 2018-11 - 1	50,000.00	45,000.00		
		Totals				