



OBLIGATION REQUEST AND STATUS

 Republic of Philippines Department Of Health Regional Office 7 Central Visayas, Osmeña Blvd. Cebu City			No : 02 - 01101101 - 2018-01 - 1			
			Date : 01/07/2018			
			Fund :			
Payee Timothy John Arriesgado						
Office Department of Health						
Address						
Responsibility Center	Particulars	MFO/PAP	UACS Code/ Expenditure	Amount		
14 2018-01-0044	Reimbursement	310202100001000	5020101000	50,000.00		
	PO No. PR No. DV No. 2018-001 Total			50,000.00		
A. Certified: Charges to appropriation/ allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal Signature : Printed Name : JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS Position : Chief - Local Health Support Division		B. Certified: Allotment available and obligated for the purpose/adjustment necessary as indicated above Signature : Printed Name : LEONORA A. ANIEL 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
01/07/2018	Obligation	02 - 01101101 - 2018-01 - 1	50,000.00	50,000.00		
Totals						

OBLIGATION REQUEST AND STATUS

 Republic of Philippines Department Of Health Regional Office 7 Central Visayas, Osmeña Blvd. Cebu City			No : 02 - 01101101 - 2018-11 - 2			
			Date : 11/21/2018			
			Fund :			
Payee		Lourence Rex Traya				
Office		Department of Health				
Address						
Responsibility Center	Particulars	MFO/PAP	UACS Code/ Expenditure	Amount		
5 RRHFS - MOOe	For payment	330101100002000	5021304001	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 :		Printed Name				
Position :		Position				
GUY R. PEREZ, MD, RPT, FPSMS, MBAHA, CESE		LEONORA A. ANIEL				
OIC- Chief - Regulation of Regional Health Facilities and Services		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
11/21/2018	Obligation	02 - 01101101 - 2018-11 - 2	50,000.00	45,000.00		
Totals						