OBLIGATION REQUEST AND STATUS

THE TOP THE TO		Republic of Philippines Department Of Health			No :	0:	2011101-20180	
					Date :		20/4/2018	
		Regional Office 7				Fund :		02101101
AL OI	Cen	u City						
Payee JONATAHN NIEL V. ERASMO			IIEL V. ERASMO					
Office		Department of Health						
Address		Cebu						
Responsibility		Particulars		MFO/PAP		UACS Code/ Expenditure		Amount
HRH-INSTITUTINAL CAPACITY		(PACKED) FO	E PAYMENT FO MEALS R THE PRE SERVICE MEDICAL IP PROGRAM ORIENTATION, IN OF					
		PO No.2018-0 DV No.232323						10,000
A.	Certified:			B.	Certified:			
Cimphus	Charges to appropriatio/ allotment necessary, lawful and under my direct supervision; and supporting document valid, proper and legal			Cimpature	indicated ab	ove	ated for the purp	ose/adjustment necesarry as
Signature : Printed Name :	Sigenature GUY R. PEREZ, MD, RPT, FPSMS, MBAHA, CESE		Signature : Printed Name :	Signature LEONORA A. ANIEL				
Position :			, KFT, FF3W3, WBAHA, CL3L	Position :		BUDGET OFFICER III		
Date :	Head Requesting Office / Authorized Representative		Date :		Head, Budget Unit/Authorized Representative			
Date .			20/4/2018	Date .			20/4/2018	
<u> </u>			OTA	THE OF ORLIGA	TION			
C. STAT				Amount				
		1.616.61.60						
Date	Pa	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable
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