OBLIGATION REQUEST AND STATUS

PIMENT OF	à	Republic of Philippines				No :	0	2011101-20180
DEF	Ē	Department Of Health			Date :		09/03/2018	
REGIONAL DEFICE		Regional Office 7				Fund :		02101101
Central Visayas, Osmeña Blvd. Ceb				u City				
Payee		LANDBANK OF THE PHILIPPINES						
Office		Department of Health						
Address		CEBU CITY						
Responsibility		Particulars		MFO/PAP			UACS Code/ Expenditure Amount	
A. Certified:		PAY OF DOH MONTH OF J/ OF PO No. DV No. T01-00	PR No. PR No. DO2 Total ent necessary, lawful and under my direct uments valid, proper and legal	В.	Certified: Allotment av indicated ab	ailable and oblig		15,000.00 15,000.00 pose/adjustment necessary as
				Signature :				
Printed Name :	RAMIL R. ABREA, CPA, MBA		Printed Name		LEONORA A. ANIEL			
Position :	OIC- Chief - Management Support Division NIR		Position		BUDGET OFFICER III			
D-4-	Head Requesting Office / Authorized Representative		D-4-		Head, Budget Unit / Authorized Representative			
C.	OTA		Date	09/03/2018				
Reference				TUS OF OBLIGATION Amount				
The state of the s						7 anount		
Date	Pa	articulars	ORS/JEV/RCI/RADAI No.	Obligation		Payment	Not Yet Due	Due and Demandable
			Table					