OBLIGATION REQUEST AND STATUS

ATMENT OF	<u> </u>	Republic of Philippines Department Of Health			No :	0	2011101-20180	
NA CONTRACTOR OF THE PROPERTY	E				Date :		08/28/2018	
REGIONAL CERTIFIE		Regional Office 7			Fund :		02101101	
AL UI	Cen	u City						
Payee		LANDBANK OF THE PHILIPPINES						
Office		Department of Health						
Address		CEBU CITY						
Responsibility		Particulars		MFO/PAP			CS Code/ enditure Amount	
A. Certified: Charges to a supervision;		PAY OF DOH MONTH OF JA OF PO No. DV No. T01-00	PR No. OO2 Total ent necessary, lawful and under my direct uments valid, proper and legal	B. Certified:		501010		30,000.00 30,000.00 pose/adjustment necessary as
Signature :			Signature :					
Printed Name : Position :	JONATHAN NEIL V. ERASMO, MD, MPH, FPSMS			Printed Name Position		LEONORA A. ANIEL BUDGET OFFICER III		
T COMMON!	Chief - Local Health Support Division		r conten		BODGET OFFIGER III			
Date:	Head Requesting Office / Authorized Representative		D-4-	-	Head, Budget Unit / Authorized Representative			
Date :			Date	08/28/2018				
J.	Amount							
Refe						7 (11)		
Date	Pi	articulars	ORS/JEV/RCI/RADAI №.	Obligation		Payment	Not Yet Due	Due and Demandable