


## OBLIGATION REQUEST AND STATUS

|  |   |                             |  |   |             |                    |
|--|---|-----------------------------|--|---|-------------|--------------------|
|  <div style="text-align: center;"> <b>Republic of Philippines</b><br/> <b>Department Of Health</b><br/> <b>Regional Office 7</b><br/> <b>Central Visayas, Osmeña Blvd. Cebu City</b> </div> |   |                             | <b>No :</b> 02 - 01101101 - 2018-11 - 1<br><b>Date :</b> 11/07/2018<br><b>Fund :</b> 02-01101101 |   |             |                    |
| <b>Payee</b>   | LANDBANK OF THE PHILIPPINES   |                             |  |   |             |                    |
| <b>Office</b>  | Department of Health  |                             |  |   |             |                    |
| <b>Address</b>   | CEBU CITY   |                             |  |   |             |                    |
| <b>Responsibility Center</b>   | <b>Particulars</b>  | <b>MFO/PAP</b>              | <b>UACS Code/<br/>Expenditure</b>  | <b>Amount</b>   |             |                    |
| 4<br>STO - MOOE  | TO OBLIGATE PAYMENT FOR RATA OF DOH<br>VII OFFICIALS FOR THE MONTH OF<br>JANUARY 2018, IN THE AMOUNT OF<br><br>PO No. PR No.<br>DV No. T01-0048 | 200000100002000             | 5020101000   | 50,000.00   |             |                    |
|  | Total   |                             |  | 50,000.00   |             |                    |
| <b>A.</b>  | <b>Certified:</b>   |                             | <b>B.</b>  | <b>Certified:</b>   |             |                    |
|  | 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   | 11/27/2018  |             |                    |
| <b>C.</b>  | <b>STATUS OF OBLIGATION</b>   |                             |  |   |             |                    |
| <b>Reference</b>   |   |                             | <b>Amount</b>  |   |             |                    |
| Date   | Particulars   | ORS/JEV/RCI/RADAI No.       | Obligation   | Payment   | Not Yet Due | Due and Demandable |
| 11/07/2018   | Obligation  | 02 - 01101101 - 2018-11 - 1 | 50,000.00  | 45,000.00   |             |                    |
|  |   |                             |  |   |             |                    |
| Totals   |   |                             |  |   |             |                    |