									but	- 604-	766	
	o	OBLIG	ATION REQUE	No. :								
		Departmen	ource	Date:								
Bangbangalon, Boac, Marindu					Fund:							
					MENCHITA D. RADOVAN DENR-PENRO Marinduque							
Address			Boac, Marinduque									
Responsibility Center			Particulars			NFO/PAP/KRA UAC		S Code/Expenditure			Amount	
Monitoring of travelling ex			rion for the payment/re-imbursement of g expenses and per diems incurred while ficial travel on March 12-15, 2024 and March 26-27, 2024 amounting to									
CHAR	GE TO :	1	(initial of sector)							2	2,131.00	
A.	Certified: Charges to approriation/allotment necessary,					Certif	ied: Allotn	nent availak	ole and obl	ligated fo	or the	
Sianature:		under my direct s valid, proper ar	supervision; and sup nd legal	Signa		ose/adjustr	ment necess	sary as indi	cated ak	oove		
Printed Name:	:	ENGR. CYN				d Name:		FELICIAN	0			
			cal 8 ervices Divisio	Positio	Head, Budget Unit/ Authorized Re							
Date: C. Date: STATUS OF OBLIGATION												
0.	I	Reference		31/103	01 0	DEIGATION	Amo	ount				
Data	D		ORS/JEV/RCI/	01-1111	5		D			alance		
Date	ate Particula		RADAI No.	Obligation		Payable	Paymer	nt Not y	et due D	Due & De	emandable	
										the state of the s		
		Departme	ent of Environme	nt and Natura	Res	sources			F	und Clu	ıster:	
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Mode of Payment		☐ MDS C	DISBURSEMEN			ADA	Others(F	Please spec	Date: DV No:	und Clu	ester:	
Payment Payee		MENCHITA D.	DISBURSEMEN Check Comi	NT VOUCHER			Others(F	Please spec	Date: DV No:	Fund Clu	ıster:	
Payment Payee		MENCHITA D. Boac, Marindu	DISBURSEMEN Check Comi	mercial Check	onsib	ADA			Date: DV No:			
Payment		MENCHITA D.	DISBURSEMEN Check Comi	mercial Check		ADA		Please spec	Date: DV No:	Fund Clu		
Payment Payee Address Obligation expenses March 12	on for the po and per die 2-15, 2024 au	MENCHITA D. Boac, Marindu PARTICULARS ayment/re-imbur ems incurred while and March 26-27, 2	Check Company	Respond	onsib	ADA Dility	MFO	/PAP	Date: DV No:		nt	
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Payment Payee Address Obligation expenses March 12 A. Certifie	on for the po and per die 2-15, 2024 au	MENCHITA D. Boac, Marindu PARTICULARS ayment/re-imbur ems incurred while and March 26-27, 22 sees Cash Advan	Check Coming Comment of travelling the on official travel of 20024 amounting to	Respondent	Donsibenter	ADA Dility	MFO	/PAP	Date: DV No:	Amou	nt	
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JEV NO.

Date:

Bank Name & Account Number:

Printed Name:

E. Receipt of Payment Check/ ADA No. :

Official Recept No. & Date/Other Documents

Signature:

Date:

Date:

OBLIGATION REQUEST AND STATUS										No. :				
Department of Environment and Natur					ınd Natural Reso	sources				Date:				
				Bangbangalon, Boac, Marinduque					Fund:					
	Payee					IENCHITA D. RADOVAN								
Office DENR-PENRO Marinduque Address Boac, Marinduque														
							oac, Marinduque MFO/PAP/KRA UACS Code/Expenditure Amount						Amount	
Responsibility Certier Famiculars Mirc								II O/I / II / II / II O/I O/I O/I O/I O/					Amooni	
2. Compliance Monitoring og WFP Holdess			Obligation for the payment/re-imbursement of travelling expenses and per diems incurred while on official travel on March 12-15, 2024 and March 26-27, 2024 amounting to											
CHAR	GE TO: (initial of sec			ector) Total				2,131.0			2,131.00			
A.	Certified				B.	Certified: Allotme				ent available and obligated for the				
Signature:	lawful and	and under my direct supervision; and supporting ents valid, proper and legal					Certified: Allotment available and obligated for the purpose/adjustment necessary as indicated above Signature:							
Printed Nam	e:		ENGR. CYN	NTHIA U. LOZANO	N Company				-	ANIDEL M	. FELICIAN	0		
Position:		С	hief, Technic	cal Services Division	on	Position:				dget Uni	t/ Authorize	ed Re	ep	
Date:		No. of Parts		7		Date:								
C.				(STATUS	OF OB	LIGAT	ION						
		Re	ference	Openieurou					Amo	unt		den		
Date	Po	artic	ulars	ORS/JEV/RCI/ RADAI No.	Obligation	Pa	yable		Payment			alance Due & Demandable		
Department of Environment and Natural Resources DISBURSEMENT VOUCHER Date: DV No:								Cluster:						
Paymen			MDSC	Check Com	mercial Check		ADA		Others(Pl	ease spe	ecify)			
Payee		MEN	ICHITA D. I	RADOVAN										
Address			c, Marindu											
		PARTICULARS			Responsibility				MFO/	Amount				
Obligation for the payment/re-imbursement of travelling expenses and per diems incurred while on official travel on March 12-15, 2024 and March 26-27, 2024 amounting to A. Certified: Expenses Cash Advance necessary, lawl					g on	Center						2,131.00		
A. Certifi	ied: Expen	ses (Cash Advar	nce necessary, la	wful and incurre	ed und	er my	direc	t supervis	sion.				
ENGR. CYNTHIA U. LOZANO Chief, Technical Services Division														
B. Accounting Entry:						8	8							
		Account Title			(UACS Code		ode	Debit			Credit		
C. Certified:						D	D. Approved for Payment							
Cash Available Subject to authorithy to debit Account (when applicable) Supporting documents complete and amount claimed proper														
SIGNATURE SIGNATURE														
Printed Name LORELYN P. SAET					-	Printed Name			IMELDA M. DIAZ			DIAZ		
Position			Accountant II	Accountant III					OIC, PENR Off			icer		
Position Head, Accounting Unit/Authorized R			ed Representative				Agency Head/Authorized Repre			Representative				
	Date F. David of Davi						Date						JEV NO.	
Che	Receipt of Payment Check/ ADA No.: Date:				В	Bank Name & Account								
Signature: Date:				Date:	Printed Name:				Date:					
Official Recept No. & Date/Other Documents														