





OBLIGATION REQUEST AND STATUS						No. : _____	
Department of Environment and Natural Resources						Date: _____	
Bangbangalon, Boac, Marinduque						Fund: _____	
Payee		MENCHITA D. RADOVAN					
Office		DENR-PENRO Marinduque					
Address		Boac, Marinduque					
Responsibility Center		Particulars		MFO/PAP/KRA	UACS Code/Expenditure		Amount
2. Compliance Monitoring of WFP Huldas		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...					
CHARGE TO :		7 (Initial of sector)					2,131.00
		Total					
A. Certified: Charges to appropriation/allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal				B. Certified: Allotment available and obligated for the purpose/adjustment necessary as indicated above			
Signature: _____				Signature: _____			
Printed Name: ENGR. CYNTHIA U. LOZANO				Printed Name: ANIDEL M. FELICIANO			
Position: Chief, Technical Services Division				Position: Head, Budget Unit/ Authorized Rep			
Date: _____				Date: _____			
C. STATUS OF OBLIGATION							
Reference				Amount			
Date	Particulars	ORS/JEV/RCI/ RADAI No.	Obligation	Payable	Payment	Balance	
						Not yet due	Due & Demandable
Department of Environment and Natural Resources						Fund Cluster: _____	
DISBURSEMENT VOUCHER						Date: _____	
						DV No: _____	
Mode of Payment		<input type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others(Please specify) _____					
Payee		MENCHITA D. RADOVAN					
Address		Boac, Marinduque					
PARTICULARS			Responsibility Center	MFO/PAP	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...					2,131.00		
A. Certified: Expenses Cash Advance necessary, lawful and incurred under my direct supervision.							
ENGR. CYNTHIA U. LOZANO Chief, Technical Services Division							
B. Accounting Entry:							
Account Title				UACS Code	Debit	Credit	
C. Certified:				D. Approved for Payment			
Cash Available Subject to authority to debit Account (when applicable) Supporting documents complete and amount claimed proper							
SIGNATURE		LORELYN P. SAET Accountant III		SIGNATURE		IMELDA M. DIAZ OIC, PENR Officer	
Printed Name				Printed Name			
Position		Head, Accounting Unit/Authorized Representative		Position		Agency Head/Authorized Representative	
Date				Date			
E. Receipt of Payment						JEV NO.	
Check/ ADA No. :		Date:		Bank Name & Account Number:			
Signature:		Date:		Printed Name:		Date:	
Official Receipt No. & Date/Other Documents							