GF

Annex F

| 0 | S | No.:MOOE Date: Fund: | 02-101101-202 March 4, 2022 GENERAL | 2- | | | | |
|---|--|----------------------------|---|---|-------------|-----------------------|--|--|
| Payee: | BUREAU OF TREASUR | Y | * | | | | | |
| Office: | TACLOBAN OFFICE | | | | | | | |
| Address: | TACLOBAN CITY | | | | | | | |
| Responsibility Center | | | MFO/PAP | UACS Code / Expenditure | Amount | | | |
| - | Payment fo official (Juliius Abela ar | ed | | | 6,450.00 | | | |
| | | Total | 6,450.00 | | | | | |
| A Certified: Signature Printed Name Position Date | Charges to appropration/allotment necessary, lawful and under my direct supervision and supporting documents valid, proper and legal QUEEN-EVERY. ATUPAN Supervising Admin Officer/Head, Cash Office | | B Certified: Signature Printed Name Position Date | purpose/adjustment necessary as indicated above | | | | |
| С | | STATUS | OF OBLIGATION | ON | | | | |
| | | Amount | | | | | | |
| Date | Particulars | ORS/JEV/RCI/RADAI No. | Obligation | Payment | Not Yet Due | Due and Demandable | | |
| | Obligation | 02-101101-2022- | 6,450.00 | | 6,450.00 | | | |
| | Total | 6,450.00 | 6,450.00 | | | | | |

| Account Title | | | UACS Cod | le Debit | Credit | | |
|--|---|--------|-------------------------|---------------------------------------|--------|--|--|
| | | | | | | | |
| C. Certified: | | | D. Approved for Payment | | | | |
| Cash available | | | | | | | |
| Subj | ect to Authority to Debit Account (| | | | | | |
| Supporting documents complete and amount claimed | | | | | | | |
| proper | | | | | | | |
| Signature | | | Signature | | | | |
| Printed Name | NICK FREDDY R. BELLO | | Printed Name | EDGARDO E. TULIN | | | |
| Position | OIC-Head, Accounting Office | | Position | President | | | |
| | Head, Accounting Unit/Authorized Representative | | | Agency Head/Authorized Representative | | | |
| Date | | | Date | | | | |
| E. Receipt of | Payment | | | JEV No. | | | |
| Check/ | | Date : | Bank Name & Account | | | | |
| ADA No.: | | | Number: | | | | |
| Signature : | | Date : | Printed Name: | | Date | | |
| Official Receip | ot No. & Date/Other Documents | | | | | | |