| OBLIGATION REQUEST AND STATUS NATIONAL SERVICE TRAINING PROGRAM   |                      |                               |                               |            |   | Serial No.: 02-1011011-2023-05<br>Date:                                    |             |                       |
|---|----------------------|-------------------------------|-------------------------------|------------|---|--|-------------|-----------------------|
| Entity Name   |                      |                               |                               |            |   | Fund Cluster: Gen. Administration,<br>Higher Education & Advance Education |             |                       |
| P   | ayee                 | Mr.                           | Marlon V. Dampios             | 10 11 40   |   |  |             |                       |
| 0   | Office NSTP          |                               |                               |            |   |  |             |                       |
| Address VSU, Visca Baybay, City Ley   |                      |                               |                               |            | te  |  |             |                       |
| Responsibility Center   |                      | Particulars                   |                               |            | MFO/PAP   | UACS<br>Object Code  | Amount      |                       |
| NSTP  |                      | PAYROLL<br>( May 16-31, 2023) |                               | 3)         | 100000000   | 5021299000   |             | 6,637.40              |
|   |                      |                               |                               | Total      |   | TOTAL:   |             | 6,637.40              |
| Certified: are necessary, lawful and under my direct supervision supporting documents valid, proper and legal  Signature:  Printed Name: JOY A. BELLEN Position: Director, NSTP Office  Date: |                      |                               |                               |            | Certified: Allotment available and obligated for the purpose/adjustment necessary as indicated above  Signature:  Printed Name: ALICIA M. FLORES Position: Head, Budget Division/Unit/Authorized  Date: |  |             |                       |
| C   | STATUS OF OBLIGATION |                               |                               |            |   |  |             |                       |
| C.  | C. STATU             |                               |                               |            | Amount  |  |             |                       |
|   | Particula            |                               | ORS/JEV/Check/<br>ADA/TRA No. |            |   | Balance  |             |                       |
| Date  |                      |                               |                               | Obligation | Payable   | Payment  | Not Yet Due | Due and<br>Demandable |
|   |                      |                               |                               | (a)        | (b)   | (c)  | (a-b)       | (b-c)                 |
|   | obligati             | on                            | 02-1011011-2023-05            | 6,637.40   |   |  | 6,637.40    |                       |
|   | ,                    |                               |                               |            | 4   | TOTAL  | 6 637 40    |                       |