## **OBLIGATION REQUEST AND STATUS** Serial No. : \_\_\_\_\_ Republic of the Philippines Date : \_\_\_\_\_ Office of the Chief Minister Bangsamoro Autonomous Region in Muslim Mindanao Fund Cluster: Bangsamoro Govt. Center, Cotabato City Payee Office Address Responsibility **UACS** Object MFO/PAP Particulars Amount Center Code Total В. Certified Charges to appropriation/alloment are Certified: Allotment available and obligated necessary, lawful and under my direct supervision; and for the purpose/adjustment necessary as supporting documents valid, proper and legal indicated above Signature Signature SIETTIE AMINA M. ABDULAZIS Printed Name NARCISA D. MACOG Printed Name: Position Position Director III - AMS Chief, Budget Division Head, Requesting Office/Authorized Head, Budget Division/Unit/Authorized Representative Representative Date Date STATUS OF OBLIGATION Reference Amount Balance ORS/JEV/Check/ Obligation Payable Payment Due and Date Particulars Not Yet Due ADA/TRA No. Demandable (a) (b) (c) (a-b) (b-c)