 <p style="text-align: center;"> Republic of the Philippines Department of Foreign Affairs 2330 Roxas Boulevard, Pasay City 1300 834 - 4000 (Trunkline) </p>		
OBLIGATION SLIP		
Payee/Office: _____ Address: _____ _____		No.: _____ Date: _____ Responsibility Center: _____ F/P.P.A: _____
Particulars	Account Code	Amount
Total		
A. Requested by:		B. Funds Available
Certified: Charges to appropriation/allotment necessary, lawful and under my direct supervision Signature: _____ Printed Name: _____ Position: _____ Date: _____		Certified: Appropriation/Allotment available and obligated for the purpose as indicated above Signature: _____ Printed Name: _____ Position: _____ Date: _____

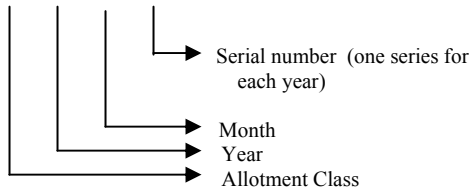
OBLIGATION SLIP (OS)

INSTRUCTIONS

A. The form shall be accomplished as follows:

1. **No./Date** – number assigned to the OS by the Budget Section or its equivalent and the date of preparation. The numbering shall be as follows:

XX – 00 – 00 – 0000



2. **Payee/Office/Address** – name of the payee/office/address
3. **Responsibility Center** – code of the cost center where the expenses shall be charged
4. **Particulars** -- brief description of the obligation made
5. **F/P.P.A.** - code for function/program/project/activity as shown in the ABM/SARO/allotment advice/appropriation
6. **Account Code** - expense/asset/liability account code to where the obligation shall be charged
7. **Amount** – amount of obligation/ adjustment

8. **Requested by – Certification by the requesting officer on the necessity and legality of charges to appropriation/allotment under his supervision (Box A)** – signature, printed name and position of the requesting officer and the date when the request was made

9. **Funds Available – Certification by the Head of the Budget Unit or its equivalent on the availability of appropriation/allotment and funds obligated for the purpose as indicated (Box B)** – signature, printed name and position of the Budget Officer or its equivalent

B. It shall be prepared in two copies distributed as follows:

Original – to be attached to the DV

Duplicate Copy – Budget Unit/Chairman, Committee on Appropriation

C. Any correction/adjustment by the Accounting Unit in the amount of charges which will require the corresponding adjustment in the appropriate RAO shall be coordinated with the Budget Unit/Chairman, Committee on Appropriation.

BACK



NATIONAL FOOD AUTHORITY
 101 E. Rodriguez Sr. Ave., Quezon City, 1100
 Philippines

BUDGET UTILIZATION SLIP

Payee/Office: _____ Address: _____ _____	No.: _____ Date: _____ Responsibility Center: _____	
Particulars	Account Code	Amount
Total		
A. Requested by:	B. Funds Available	
Certified: Charges to budget necessary, lawful and under my direct supervision	Certified: Budget available and funds earmarked/ obligated for the purpose as indicated above	
Signature: _____	Signature: _____	
Printed Name: _____	Printed Name: _____	
Position: _____	Position: _____	
Date: _____	Date: _____	

FRONT

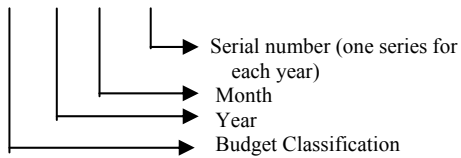
BUDGET UTILIZATION SLIP (BUS)

INSTRUCTIONS

A. The form shall be accomplished as follows:

1. **No./Date** – number assigned to the BUS by the Budget Section/Unit and the date of preparation. The numbering shall be as follows:

XX 00 00 0000



2. **Payee/Office/Address** – name of the payee/office/address
3. **Responsibility Center** – code assigned to the cost center
4. **Particulars** -- brief description of the utilization made
5. **Account Code** - expense/asset/liability account code to where the utilization shall be charged
6. **Amount** – amount of utilization/adjustment

7. **Requested by – Certification by the requesting officer on the necessity, legality of charges under his supervision (Box A)** – signature, printed name and position of the requesting officer and the date when the request was made
8. **Funds Available – Certification by the Head of the Budget Unit on the availability of budget and funds obligated/earmarked for the purpose indicated (Box B)** – signature, printed name and position of the Budget Officer/Head of the Budget Unit and date of certification

B. It shall be prepared in two copies distributed as follows:

Original – to be attached to the DV
Duplicate Copy – Budget Unit

C. Any correction/adjustment by the Accounting Unit in the amount of charges which will require the corresponding adjustment of budget utilization shall be coordinated with the Budget Unit.

BACK

		Republic of the Philippines CITY OF OLONGAPO	
DISBURSEMENT VOUCHER			
<i>MODE OF PAYMENT</i>		No.:	
<input type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Other:		Date:	
Payee/Office:		TIN/Employee No.:	OS/BUS No.:
Address:		Date:	
		Responsibility Center	
		Title:	Code:
Particulars		Amount	
Amount Due ➔			
A Certified: <input type="checkbox"/> Supporting documents complete and proper <input type="checkbox"/> Cash available <input type="checkbox"/> Subject to ADA (where applicable)		B Approved for Payment:	
Signature: _____		Signature: _____	
Printed Name: _____		Printed Name: _____	
Position: _____ (Head, Accounting Unit/Authorized Representative)		Position: _____ (Agency Head/Authorized Representative)	
Date: _____		Date: _____	
C Received Payment:		D Journal Entry Voucher:	
Signature : _____ Date: _____		Check/ADA No.: _____	
Printed Name: _____		Date: _____	
		Bank Name: _____	
		OR No./other relevant document issued: _____	
		No: _____	
		Date: _____	

FRONT

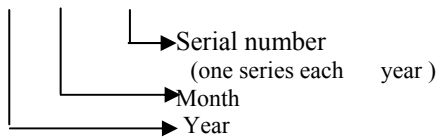
DISBURSEMENT VOUCHER (DV)

INSTRUCTIONS

A. This form shall be accomplished as follows:

1. **No./Date** – number assigned to the DV by the Accounting Unit and the date of DV preparation. It shall be numbered as follows:

00 00 0000



2. **Mode of Payment** – put a check "√" mark in the appropriate box opposite the mode of payment
3. **OS/BUS No./Date** – Number and date of the obligation/budget utilization slip supporting the DV
4. **Payee/Office** – name and office of the payee
5. **TIN/Employee No.** – Tax Identification Number (TIN) of the claimant/Identification Number assigned by the agency to the officer/employee
6. **Address** – address of the claimant
7. **Responsibility Center (Title/ Code)** – the title and code assigned to the cost center where the disbursement shall be charged
8. **Particulars** – brief description of the disbursement
9. **Amount** – amount of claim

10. **Certified (Box A)** – certification of the Head of Accounting Unit or his duly authorized representative by putting a check mark in the appropriate box below:

- Supporting documents complete and proper
- Cash available
- Subject to ADA (where applicable)

11. **Approved for Payment (Box B)** – approval by the Head of the Agency or Authorized Official on the payment covered by the DV

12. **Received Payment (Box C)** – acknowledgement by the claimant or his duly authorized representative for the receipt of the check/cash and the date of receipt. The claimant/payee shall indicate the no. and date of check/ADA, bank's name and branch and number and date of OR/other relevant document issued to acknowledge the receipt of payment

13. **JEV No. and Date (Box D)** - assigned JEV No. and date prepared by the Accounting Unit to take up the disbursements in the books

14. This form shall be prepared in three copies to be distributed as follows:

Original – Accounting Unit
Duplicate Copy – Cash Unit
Triplicate Copy – Payee's File

BACK