



REPUBLIC OF THE PHILIPPINES  
GENERAL SANTOS CITY  
**OBLIGATION REQUEST**

OT 10/25/20  
10-20-1882  
magandang  
Jen San!

|                       |                                                      |                                       |                                   |                   |
|-----------------------|------------------------------------------------------|---------------------------------------|-----------------------------------|-------------------|
| Payee                 | <b>TWIN-CIRCA MARKETING</b>                          |                                       | OBR No: <b>20-12-11034</b>        |                   |
| Address               | PUROK MAABTIK CANNERY SITE, POLOMOLOK SOUTH COTABATO |                                       |                                   |                   |
| Chargeable Office     | <b>City Health Office</b>                            |                                       | Date:                             |                   |
| Responsibility Center | Particulars                                          | FPP                                   | Account Codes                     | Amount            |
| (4411)                | Medical, Dental and Laboratory Supplies Expenses     | <b>City Health Office<br/>PPA # 6</b> | 5-02-03-080<br><b>DEC 29 2020</b> | <b>727,370.00</b> |
|                       |                                                      |                                       | <b>Total:</b>                     | <b>727,370.00</b> |

**RESTRICTED**  
JEV #: Y-1887  
BY: *[Signature]*  
DATE: *[Signature]*

|                                                                                                                                                                                            |                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>A. Certified</b>                                                                                                                                                                        | <b>B. Certified</b>                                          |
| <input type="checkbox"/> Charges to appropriation/allotment necessary, lawful and under my direct supervision<br><br><input type="checkbox"/> Supporting documents valid, proper and legal | <input type="checkbox"/> Existing of available appropriation |

|              |                                                   |                     |              |                                                   |                      |
|--------------|---------------------------------------------------|---------------------|--------------|---------------------------------------------------|----------------------|
| Signature    | <i>[Signature]</i>                                | Fund Controlled by: | Signature    | <i>[Signature]</i>                                | Fund Controlled by:  |
| Printed Name | <b>ROCHELLE GAJETE-OCO, MD, MHCA</b>              |                     | Printed Name | <b>JOHN PHILIP G. QUIMOSING CPA</b>               |                      |
| Position     | Head, Requesting Office/Authorized Representative | No.                 | Position     | Head, Requesting Office/Authorized Representative | No. <b>2984</b>      |
| Date         |                                                   | Date                | Date         |                                                   | Date <b>12/29/20</b> |



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