



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

*magandang Jen San!*  
10-20-1888  
OBR No: 12-10653  
DEC 29 2020

Payee	<b>GREGORIA MARKETING</b>			OBR No: 12-10653
Address	CAGAMPANG ST. GSC			
Chargeable Office	<b>Human Resource Management and Development Office</b>			Date: DEC 29 2020
Responsibility Center	Particulars	FPP	Account Codes	Amount
(1032)	Other Supplies and Materials Expenses	<b>Human Resource Management and Development Office PPA # 2</b>	5-02-03-990	<b>56,000.00</b>
<b>RESTRICTED</b> JEV # Y-1876 BY: [Signature] DATE: [Signature]				<b>Total: 56,000.00</b>

<b>A. Certified</b> <input type="checkbox"/> Charges to appropriation allotment necessary lawfully and under my direct supervision <input type="checkbox"/> Supporting documents valid, proper and legal		<b>B. Certified</b> <input type="checkbox"/> Existing of available appropriation	
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Signature		Fund Controlled by:	Signature		Fund Controlled by:
Printed Name	<b>Leah Y. Tolimao</b>	No.	Printed Name	<b>JOHN PHILIP G. QUIMOSING CPA</b>	No. <i>15</i>
Position	Head, Requesting Office/Authorized Representative	Date	Position	Head, Requesting Office/Authorized Representative	Date <i>2020 12/29/20</i>



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

*magandang JenSan!*

OBR No: **20-12-10570**

Payee	<b>GREGORIA MARKETING</b>		Date:	
Address	CAGAMPANG STREET, GENERAL SANTOS CITY		Account Codes	5-02-99-990
Chargeable Office	<b>Office of the City Vice Mayor</b>		Amount	50,000.00
Responsibility Center	Particulars	FPP		
(1016)	Other Maintenance and Operating Expenses	Office of the City Vice Mayor PPA # 3	<b>DEC 29 2024</b>	
			<b>Total:</b>	<b>50,000.00</b>

**RESTRICTED**  
JEV #: Y-1876  
BY: [Signature]  
DATE: 12/15/2020

**A. Certified**

Charges to appropriation/allotment necessary, lawful and under my direct supervision

Supporting documents valid, proper and legal

**B. Certified**

Existing of available appropriation

Signature	<i>[Signature]</i>	Head, Requesting Office/Authorized Representative	Signature	<i>[Signature]</i>	Head, Requesting Office/Authorized Representative
Printed Name	<b>LORETO B. ACHARON</b>		Printed Name	<b>JOHN PHILIP G. QUIMOSING CPA</b>	
Position	Head, Requesting Office/Authorized Representative		Position	Head, Requesting Office/Authorized Representative	
Date			Date		

