



PHILIPPINE NORMAL UNIVERSITY NORTH LUZON

The National Center for Teacher Education
The Indigenous Peoples Education Hub
Alicia, Isabela



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BO

OBLIGATION SLIP

Payee/Office: _____
 Address: _____

No: _____
 Date: _____
 Fund Source: _____

PARTICULARS	Amount
<p>PAPS:</p>	
Total	0.00

A. REQUESTED BY:

Certified: Charges to budget necessary, lawful and under my direct supervision

Signature: _____
 Printed Name: _____
 Position: _____
 Date: _____

B. FUNDS AVAILABLE

Certified: Budget available and funds earmarked/ obligated for the purpose as indicated above

Signature: _____
 Printed Name: _____
 Position: _____
 Date: _____

