STATEMENT OF OBLIGATIONS, DISBURSEMENTS, LIQUIDATIONS AND BALANCES for INTER-AGENCY FUND TRANSFERS (for Source Agency use only)

As at the Quarter of Ending June 30,2021

Department Agency/Entity : Depertment of Health

Operating Unit

Organization code **Fund Cluster**

: 13-001-14-00018

: REGION I MEDICAL CENTER

Current Year Appropriations Supplemental Appropriations Continuing Appropriations

Implementing Agencies and Projects	Obligations							Disbursements (Funds Transferred To)					Liquidations					Unpaid	Unliquidated
	Obligation Request and Status		1st Quarter Ending March 31	2nd Quarter Ending June 30	3rd Quarter Ending Sept. 30	4th Quarter Ending Dec. 31	Total	1st Quarter Ending March 31	2nd Quarter Ending June 30	3rd Quarter Ending Sept. 30	4th Quarter Ending Dec. 31	Total	1st Quarter Ending March 31	2nd Quarter Ending June 30	3rd Quarter Ending Sept. 30	4th Quarter Ending Dec. 31	Total	Obligations	Fund Transfers
	Number	Date											14	15	16	17	18=(14+15+16+	19=(8-13)	20= (13-18)
1	2	3	4	5	6	7	8=(4+5+6+7)	9	10	11	12	13=(9+10+11+12)	14	15	10		17)	25-(6 20)	
epartment of Health Office of the Secretary Region Medical Center			NONE	NONE				NONE	NONE				NONE	NONE					

Certified Correct:

Narlyn R. Severo, MDM

Supervising Adm. Officer -Budget Officer

Date: July 8,2021

Certified Correct:

Loewelyn D. Barba, CPA, MBA

Accountant IV

Date: July 8,2021

Recommending Approval:

Julie N. Malubag, CPA, MDM

Financial & Management Officer II

Date: July 8,2021

Approved by:

JOSEPH ROLAND O. MEJIAM.D., FPSMS, MBAH, MPA, DHSM, DCDM, CESE

Medida Center Chief II 1

Date: July 8,2021