

**NOTICE OF CHECK AVAILABILITY**

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| **OUTCOME NO.** |  |
| **INTERMEDIATE OUTCOME NO. & TITLE***(Budget Line Item)* |  |
| **IMPLEMENTING OFFICE (IO)** |  |
| **Director** |  |
| **Focal Person / Division Chief** |  |
| **TITLE OF ACTIVITY / INITIATIVE** |  |
| **DESIGNATION**  |  | **Monthly Rate:**  |  |
| **NAME OF CONTRACTED PERSONNEL** |  |
| **No. of months / Duration of COS:**  |  | **Starting Date** |  |
| **Ending Date** |  |

Dear **Mr.** / Ms. / Mx. Mendoza:

Per Finance Management Office's (FMO) advice, we are pleased to inform you of your Check availability with the following details:

Date of Check : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Particulars : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check No. : \_\_\_\_\_\_\_\_\_

Place : 3rd Floor, FMO-Cash Division

Office / Person In-charge : CASH Division Personnel

Remarks:

*Kindly bring this notification with your valid ID upon claiming and attach a letter of authorization for the representative.*

Prepared by: Noted by:

 **PRINCESS S. MOLLENO**

Outcome Focal, PMD Chief, PMD

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I acknowledge receiving this notification:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /**Date: **\_\_\_\_\_\_\_\_\_\_\_**

**NAME OF TECHNICAL SPECIALIST**