PSC
PROGRAM SUPPORT CENTER

DEPARTMENT OF HEALTH AND HUMAN SERVICES

MISCELLANEOUS OBLIGATION RECORD

TO:	DATE

ACCOUNTING INFORMATION

DOCUMENT NUMBER	FISCAL YEAR	APPROPRIATION
COMMON ACCOUNTING NUMBER	OBJECT CLASS CODE	

AMOUNT OF OBLIGATION

ORIGINAL	INCREASE
DECREASE	NET AMOUNT

PURPOSE

REQUIRED FOR NEW PURCHASE ORDER

SUPPLIER	ENTITY IDENTIFICATION NUMBER (EIN) or DATA UNIVERSAL NUMBERING SYSTEM (DUNS)

REQUIRED FOR PO USING FEDERAL SUPPLIER

TRADING PARTNER TREASURY ACCOUNT SYMBOL (TAS)	TRADING PARTNER BUSINESS EVENT TYPE CODE (BETC)

FUNDS APPROVED

NAME, TITLE AND ORGANIZATION *(Please type or print)*

AUTHORIZED BY

NAME, TITLE AND ORGANIZATION *(Please type or print)*

SIGNATURE	DATE
SIGNATURE	DATE

THIS FORM IS TO BE USED FOR RECORDING OBLIGATIONS FOR WHICH NO OTHER OBLIGATING DOCUMENT EXISTS.