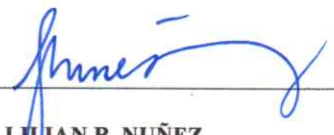


<b>OBLIGATION REQUEST AND STATUS</b>				Serial No. : _____			
VISAYAS STATE UNIVERSITY Entity Name				Date : February 1, 2024			
				Fund Cluster : GF BIDANI EXT01			
Payee	<b>SALOMA B. GISULGA</b>						
Office	Institute for Strategic Research and Development Studies (ISRDS)						
Address	Visayas State University, Visca, Baybay City, Leyte						
Responsibility Center	Particulars	MFO/PAP	UACS Object Code	Amount			
ISRDS BIDANI	REIMBURSEMENT - travel (Jan. 2024) X-X-X-X-	304000000	50201010 00	1490.00			
Total				1,490.00			
<b>A. Certified:</b> Charges to appropriation/allotment are necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal  Signature :  Printed Name: <b>LILIAN B. NUÑEZ</b> Position : Asso. Prof/Director Head, Requesting Office/Authorized Representative Date : _____			<b>B. Certified:</b> Allotment available and obligated for the purpose/adjustment necessary as indicated above  Signature : _____ Printed Name: <b>ALICIA M. FLORES</b> Position : Admin. Officer V Head, Budget Division/Unit/Authorized Representative Date : _____				
<b>C. STATUS OF OBLIGATION</b>							
Reference			Amount				
Date	Particulars	ORS/JEV/Check/ADA/TRA No.	Obligation	Payable	Payment	Balance	
						Not Yet Due	Due and Demandable
			(a)	(b)	(c)	(a-b)	(b-c)

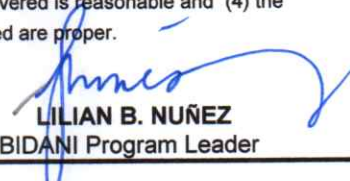
Name: **SALOMA B. GISULGA** Position: Science Research Specialist Monthly Salary : P 33,949.00

Official Station: BIDANI, ISRDS, VSU, Baybay City, Leyte Residence: Pangasugan, Baybay City, Leyte


Purpose of Travel: Please see attached travel orders.

Date	Places to be Visited	TIME		EXPENSES			
		Departure	Arrival	Means	Fare	Per Diem/ Incidental	Total Amount
Jan. 16, 2024	VSU- Baybay terminal	8:00am	8:30am	PUV	20.00		20.00
	Terminal-City Hall	8:30am	8:45am	PUV	20.00		20.00
	City Hall - terminal	4:30pm	4:45pm	PUV	20.00		20.00
	Baybay- VSU	5:00pm	5:30pm	PUV	20.00		20.00
Jan. 29, 2024	VSU- Baybay terminal	5:00am	5:30am	PUV	20.00		20.00
	Baybay-Tacloban	6:00am	8:45am	PUV	350.00		350.00
	Tacloban - Baybay	4:00pm	7:00pm	PUV	350.00		350.00
	Baybay- VSU	7:30pm	8:00pm	PUV	20.00	750.00	770.00
<b>TOTAL</b>							<b>1,490.00</b>

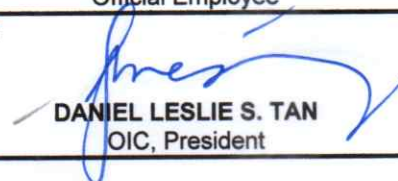
I certify that: (1) I have reviewed the foregoing itinerary, (2) the travel is necessary to the service, (3) the period covered is reasonable and (4) the expenses claimed are proper.

  
**LILIAN B. NUÑEZ**  
BIDANI Program Leader

Prepared by:


  
**SALOMA B. GISULGA**  
Official Employee

Approved by:

  
**DANIEL LESLIE S. TAN**  
OIC, President

## TRAVEL REQUEST / ORDER

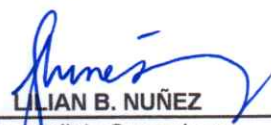
1/15/2024  
Date

Name : **Saloma B. Gisulga**   
 Designation : **Sci. Res. Spe.** Signature  
 Destination : **Baybay City**


Date of Travel : **January 16, 2024**  
 Purpose : **To facilitate in the nutrition awarding of Region 8 preparations for the national nutrition awarding ceremony.**

Total Expenses: \_\_\_\_\_  
 Source of Funds : **BIDANI**  
 Transportation: [ ] University Vehicle  
 [x] Public Conveyance

Noted/Verified:

  
**LILIAN B. NUÑEZ**  
 Immediate Supervisor

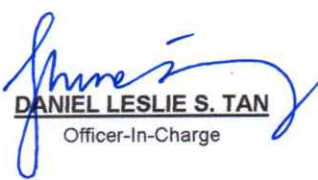
RECOMMENDING APPROVAL:

  
**LILIAN B. NUÑEZ**  
 Office Head/Director

\_\_\_\_\_  
 In-charge of funds ( If other than the  
 Dept/Office Head)

\_\_\_\_\_  
 VP for Res, Extn. & Innovation

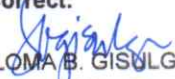
APPROVED:

  
**DANIEL LESLIE S. TAN**  
 Officer-In-Charge

CHECKLIST OF DOCUMENTS TO SUPPORT REQUEST  
TO GO ON TRAVEL (please check):

- ☐ Medical Clearance from the VSU Infirmary that the employee have no symptoms of Covid 19
- ☐ Invitation from the organizer of the activity/conference/meeting (if applicable)
- ☐ Certification from the organizer that social distancing and other health/hygiene protocols against Covid 19 will be observed for the duration of the activity (if applicable)
- ☐ Quarantine passes issued by the destination LGU enroute to the destination
- ☐ Strong justification from the requesting party duly endorsed by the immediate supervisor on the necessity and urgency of the trip and commitment of the requesting party to religiously comply with health/hygiene protocols during the trip
- ☐ Waiver from the employee concerned that he/she is willing to undergo self quarantine for 14 days, while he/she will be on work from home scheme
- ☐ Approved list of outputs between supervisor and employee to be delivered/accomplished during his/her 14 days work from home scheme
- ☐ Clearance issued by the Nurse on duty 30 minutes prior to travel should be submitted to the guard on duty before allowing vehicle to go out of campus

Certified Correct:

  
**SALOMA B. GISULGA**  
 Travelling Employee

Noted/verified except Clearance from Nurse :

  
**LILIAN B. NUÑEZ**  
 Name of Office Head/Supervisor





JOSE CARLOS L. CARI  
City Mayor

REPUBLIC OF THE PHILIPPINES  
PROVINCE OF LEYTE  
CITY OF BAYBAY

-----ooOoo-----

OFFICE OF THE CITY MAYOR

### CERTIFICATE OF APPEARANCE

TO WHOME IT MAY CONCERN:

THIS IS TO CERTIFY THAT Ms. Saloma B. Gisulga of VSN-BIDANI personally appeared at the City Hall, Baybay City for the purpose of preparing photos for nutrition awarding in Manila.

Done this 16th day of January, 20 24 at the City of Baybay, Leyte, Philippines.

For the City Mayor:

ATTY. FLORANTE A. CAYUNDA, JR.  
City Administrator

1-16-24

Date Issued

I HEREBY CERTIFY that I personally appeared for the purpose and on the date stated above.

Gisulga

Signature



TRAVEL REQUEST / ORDER

1/25/2024  
Date

Name : Saloma B. Gisulga *Signature*  
Designation : Sci. Res. Spe.  
Destination : Tacloban City  
Date of Travel : January 29, 2024  
Purpose : To attend the First Quarter RTWG meeting.

Total Expenses: \_\_\_\_\_  
Source of Funds BIDANI  
Transportation: [ ] University Vehicle  
[x] Public Conveyance

Noted/Verified: *for Lili*  
LILIAN B. NUÑEZ  
Immediate Supervisor

RECOMMENDING APPROVAL: *for Lili*  
LILIAN B. NUÑEZ  
Office Head/Director  
In-charge of funds ( If other than the  
Dept/Office Head)

VP for Res, Extn. & Innovation

APPROVED: *for Lili*  
DANIEL LESLIE S. TAN  
Officer-In-Charge

CHECKLIST OF DOCUMENTS TO SUPPORT REQUEST  
TO GO ON TRAVEL (please check):

- ☐ Medical Clearance from the VSU Infirmary that the employee have no symptoms of Covid 19
- ☐ Invitation from the organizer of the activity/conference/meeting (if applicable)
- ☐ Certification from the organizer that social distancing and other health/hygiene protocols against Covid 19 will be observed for the duration of the activity (if applicable)
- ☐ Quarantine passes issued by the destination LGU
- ☐ enroute to the destination
- ☐ Strong justification from the requesting party duly endorsed by the immediate supervisor on the necessity and urgency of the trip and commitment of the requesting party to religiously comply with health/hygiene protocols during the trip
- ☐ Waiver from the employee concerned that he/she is willing to undergo self quarantine for 14 days, while he/she will be on work from home scheme
- ☐ Approved list of outputs between supervisor and employee to be delivered/accomplished during his/her 14 days work from home scheme
- ☐ Clearance issued by the Nurse on duty 30 minutes prior to travel should be submitted to the guard on duty before allowing vehicle to go out of campus

Certified Correct: *for Lili*  
SALOMA B. GISULGA  
Travelling Employee

Noted/verified except Clearance from Nurse :

*for Lili*  
LILIAN B. NUÑEZ  
Name of Office Head/Supervisor





Republic of the Philippines  
Department of Health  
**NATIONAL NUTRITION COUNCIL**  
Regional Office No. 8  
Government Center, Candahug, Palo, Leyte



## CERTIFICATE OF APPEARANCE

This is to certify that Dr./ Mr./ Ms. *Salome B. Grisulga* attended the

**JOINT REGIONAL TECHNICAL WORKING GROUP (RTWG) FOR NUTRITION,  
REGIONAL NUTRITION EVALUATION TEAM (RNET), REGIONAL  
NUTRITION CLUSTER (RNCL), REGIONAL SCALING UP  
NUTRITION (SUN) MEETING**

held on January 29, 2024, at Ritz Tower de Leyte, Tacloban City, Leyte

*Catalino P. Dotollo, Jr.*  
**CATALINO P. DOTOLLO, JR., DPA, MPH, MAN, PSNT**  
Regional Nutrition Program Coordinator

Date of Issue: January 29, 2024

Place of Issue: Ritz Tower de Leyte, Tacloban City, Leyte

**VAN-VAN TOURS CORPORATION**  
50 Cor. Salazar & Burgos St., Brgy. 20, Tacloban City  
Non VAT Reg. TIN 010-253-533-00000

### CUSTOMER'S COPY

DATE : 1-29-24

FARE : ~~442.00, 298.00, 262.00~~ *350.00*

~~254.00, 353.00, 461.00~~

~~516.00, 420.00, 307.00~~ *350.00*

Sr. Citizen TIN	
OSCA/PWD ID. No.	Signature

**No. 423479**  
Thank you for riding with us!  
2000 Bkts. (1x100) 350041 - 550000  
BIR Authority To Print No. 088AU20230000005605  
Date Issued: August 31, 2023  
MARTES Printing Services  
Brgy. 61, Real St., Sogodhan, Tacloban City  
TIN: 186-478-475-00000  
Printer's Accreditation No.: 088MP20220000000002  
Date Issued: September 13, 2022  
THIS DOCUMENT IS NOT VALID FOR CLAIMING INPUT TAXES

*Tacloban - Baybay*

**UNITED LEYMAR TRANSPORT COOPERATIVE**  
Barangay 82 (Marasbaras)  
6500 Tacloban City (Capital) Leyte, Philippines  
NON VAT Reg. TIN: 733-176-347-00000

### CUSTOMER'S COPY

DATE : 1-29-24

FARE : ~~100.00, 128.00, 148.00, 150.00,~~  
~~196.00, 200.00, 222.00, 246.00,~~  
~~250.00, 350.00, 368.00~~

Sr. Citizen TIN	
OSCA/PWD ID No.	Signature

**No. 65828**  
Thank you for riding with us.  
5,000 Bkts. (100x1) 0001 - 500,000  
BIR Authority to Print No. 088AU202300000000896  
Date Issued: 02-13-2023  
TAC-RE STAR GRAFICA PRINTING PRESS INC.  
161 P. Burgos St., Barangay 24, 6500 Tacloban City (Capital) Leyte, Philippines  
TIN: 004-300-555-00000 VAT  
Printer's Accreditation No. 088MP20190000000001  
Date Issued: February 11, 2019  
THIS DOCUMENT IS NOT VALID FOR CLAIMING INPUT TAXES

*Baybay - Tacloban*



January 30, 2024

## CERTIFICATION

### TO WHOM IT MAY CONCERN:

This is to certify that the payment of travelling expenses were authorized and that the fare was found out to be the lowest in the locality upon verbal canvass.

Thank you.

Very truly yours,

**SALOMA B. GISULGA**  
Requisitioner

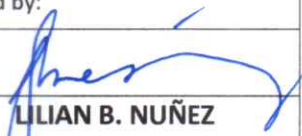


## ANNEX A

REPUBLIC OF THE PHILIPPINES  
Visayas State University  
Visca, Baybay City, Leyte

### CERTIFICATION OF EXPENSES NOT REQUIRING RECEIPTS

Pursuant to COA Circular No. 2017-001 dated Dec. 6, 2018

Name of Employee	SALOMA B. GISULGA	Employee No.	
Office	BIDANI, ISRDS		
Division			
Particulars		Amount (₱)	
Back and forth fare of VSU and Baybay City on Jan 16 and Jan 29, 2024		100.00	
TOTAL		P 100.00	
Purpose			
To attend the Regional Nutrition Awarding Ceremony.			
I hereby certify that the above expenses are incurred as they are necessary for the above cited purpose, that above good and services were acquired from parties not issuing receipts. And that I am fully aware that willful falsification of statements is punishable by law.			
	Certified correct:	Noted by:	
Signature			
Printed Name	SALOMA B. GISULGA	LILIAN B. NUÑEZ	
	Employee	Immediate Supervisor	
	Date	Date	
	1-		



APPENDIX B

**CERTIFICATE OF TRAVEL COMPLETED**

EDGARDO E. TULIN  
Agency Head

VSU, ViSCA  
Station

President  
(Designation)

Feb. 1, 2024  
Date

I CERTIFY THAT I have completed the travel authorized in itinerary of travel No. \_\_\_\_\_, dated January 16 & 24, 2024 under conditions indicated below:

- ( x ) Strictly in accordance with the approved itinerary
- ( ) Cut short as explained below. Excess payment in the amount of P \_\_\_\_\_, was refunded under O.R. No. \_\_\_\_\_ dated \_\_\_\_\_
- ( ) Extended as explained below. Additional itinerary was submitted.
- ( ) Other deviations as explained below.

Explanation or justifications:

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Evidence of Travel:

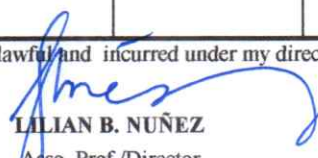
- (x) Used tickets
- (x) Certificate of appearance
- ( ) Others - receipts

Respectfully submitted:

  
**SALOMA B. GISULGA**  
(Officer or Employee)

On evidence and information of which I have knowledge, the travel was actually undertaken.

  
**LILIAN B. NUÑEZ**  
Supervisor

<b>VISAYAS STATE UNIVERSITY</b> <b>Entity Name</b> <b>DISBURSEMENT VOUCHER</b>			<b>Fund Cluster :</b> GF EXT01 BIDANI <b>Date : Feb. 1 , 2024</b> <b>DV No. :</b>		
<b>Mode of Payment</b>	<input type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify)				
<b>Payee</b>	Saloma B. Gisulga	<b>TIN/Employee No.:</b>	<b>ORS/BURS No.:</b>		
<b>Address</b>	Visayas State University, Visca, Baybay City, Leyte				
<b>Particulars</b>		<b>Responsibility Center</b>	<b>MFO/PAP</b>	<b>Amount</b>	
To. REIMBURSEMENT for travel expenses incurred while on official business outside station as per supporting papers hereto attached in the amount of ..... (For the month of Jan. 2024)		ISRDS	50201010 00	1490.00	
<b>Amount Due</b>				<b>1,490.00</b>	
<b>A.</b> Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. <div style="text-align: center;">   <b>LILIAN B. NUÑEZ</b>          Asso. Prof./Director          Printed Name, Designation and Signature of Supervisor       </div>					
<b>B.</b> Accounting Entry:					
<b>Account Title</b>		<b>UACS Code</b>	<b>Debit</b>	<b>Credit</b>	
<b>C. Certified:</b>			<b>D. Approved for Payment</b>		
<input type="checkbox"/> Cash available <input type="checkbox"/> Subject to Authority to Debit Account (when applicable) <input type="checkbox"/> Supporting documents complete and amount claimed proper					
<b>Signature</b>		<b>Signature</b>			
<b>Printed Name</b>	NICK FREDDY R. BELLO	<b>Printed Name</b>			DANIEL LESLIE S. TAN
<b>Position</b>	Accountant II Head, Accounting Unit/Authorized Representative	<b>Position</b>			Officer-In-Charge Agency Head/Authorized Representative
<b>Date</b>		<b>Date</b>			
<b>E. Receipt of Payment</b>				<b>JEV No.</b>	
Check/ADA No. :		Date :	Bank Name & Account Number:		
Signature :		Date :	Printed Name:		
Official Receipt No. & Date/Other Documents				Date	