GF

Annex

						Annex
	VISAYAS ST	QUEST AND STATUS FATE UNIVERSITY Stay City, Leyte		No.:MOOE Date: Fund:	02-101101-20 July 26, 2022 GF	
Payee:	Mynche Darleen Dum			i did.	01	
Office:	FINANCE OFFICE					
Address:						
Responsibility Center		Particulars		MFO/PAP	UACS Code / Expenditure	Amount
		Payment of JO Services July 6-31, 2022		200010000	5021299000	10,514.60
	1				1	1
A Certified: Charr	les to appropration/ellete	200	Total			
A Certified: Charg	ges to appropration/allotn necessary, lawful and and supporting docum	ment under my direct supervision nents valid, proper and legal	Total  B Certified:	Allotment a purpose/ indicated	vailable and obligated adjustment necessary	ated for the
Signature	necessary, lawful and and supporting docum	under my direct supervision nents valid, proper and legal		purpose	adjustment neces	ated for the
Signature Printed Name	necessary, lawful and and supporting docum	under my direct supervision nents valid, proper and legal JELLA C AMPAC	B Certified:	purpose	adjustment neces	ated for the sary as
Signature Printed Name	necessary, lawful and and supporting docum	under my direct supervision nents valid, proper and legal	B Certified:	purpose/ indicated	adjustment neces I above	ated for the sary as
Signature Printed Name Position	necessary, lawful and and supporting docum	under my direct supervision nents valid, proper and legal JELLA C AMPAC	Signature Printed Name Position	purpose/ indicated	adjustment neces above  ALICIA M. FL	ated for the sary as
Signature	necessary, lawful and and supporting docum	under my direct supervision nents valid, proper and legal JELLA C AMPAC I Management Director	Signature Printed Name Position  Date	purpose/ indicated	adjustment neces above  ALICIA M. FL	ores
Signature Printed Name Position Date	necessary, lawful and and supporting docum	under my direct supervision nents valid, proper and legal JELLA C AMPAC I Management Director	Signature Printed Name Position	purpose/ indicated	adjustment neces above  ALICIA M. FL	ated for the sary as
Signature Printed Name Position Date	necessary, lawful and and supporting docum	under my direct supervision nents valid, proper and legal JELLA C AMPAC I Management Director	Signature Printed Name Position  Date	purpose/ indicated	Adjustment neces l above  ALICIA M. FL inancial Managen	ated for the sary as
Signature Printed Name Position Date	necessary, lawful and and supporting docum	under my direct supervision nents valid, proper and legal JELLA C AMPAC I Management Director	Signature Printed Name Position Date TUS OF OBLIGAT	purpose/ indicated	ALICIA M. FL inancial Managem Amount	or the sary as  ORES  Director