## **OBLIGATION REQUEST AND STATUS** Serial No.: Date: March 22, 2023 VISAYAS STATE UNIVERSITY Fund Cluster: 304000000 **Entity Name** Payee VSU Fuel Station Office Institute for Strategic Research and Development Studies ( ISRDS) Address Visayas State University, Visca, Baybay City, Leyte UACS Object MFO/PAP Responsibility Center Particulars Amount Code COLLABDev PAYMENT for gasoline 304000000 5020309000 1480.00 X-X-X-X-X-X 1,480.00 Total Certified: Charges to appropriation/alloment are Certified: Allotment available and obligated necessary, lawful and under my direct supervision, and for the purpose/adjustment necessary as supporting documents valid, proper and legal indicated above Signature Signature ITTIAN B. NUÑEZ Printed Name: ALICIA M. FLORES Asso. Prof/Director Position Admin. Officer V Position Head, Requesting Office/Authorized Head, Budget Division/Unit/Authorized Representative Representative Date Date STATUS OF OBLIGATION Reference Amount ORS/JEV/Check/ Obligation Payable Payment Due and Date Particulars Not Yet Due ADA/TRA No. Demandable (b) (D-C)

Appendix 50

		REQ	UISITION A		SUE SLIP		Арре	iluix 50	
			VISAYAS STATE U	ency					
Division Office	on Visayas State University			Responsibility Center Code:ISRDS		RIS No			
REQUISITION						IS	ISSUANCE		
Stock No.	Unit Description				Quantity			tal cost	
	ltrs	Gasoline x-x-x-x-			20	74.00	0 1,	<u>480.00</u>	
	A	ERTIFIED AS TO PPROPRIATION 1480.00 WITHII ALICIA Head,							
		Charge to: COLLABI	Dev						
Purpoce:	For official	al travel to Inopacan	, Leyte.						
	Requested by: Approved by:				Issued by:		Received by:		
Signature Printed Name	ERNESTO	A. GONZAGA,JR.	Ahrnes EDGARDO E. TU	LIN					
Designation	Admin. A	ide 6	President						

	Fund Cluster : 304000000  Date : March 22, 2023								
	DV No. :								
Mode of Payment	MDS Check Com	mercial Check	ADA	Others (Please	specify)				
Payee	VSU Fuel Station	No.:	ORS/BURS No.:						
Address	VSU, Baybay City, Leyte								
	Particulars		Responsibility Center	MFO/PAP	Amount				
for vehicle u	NT thru fund transfer for the purc se during official travel as per su to attached in the amount		COLLABDev	1480	1,480.00				
	Amount Due				1,480.00				
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.  LILIAN B. NUÑEZ  Director, ISRDS									
B. Accounting	Account Title		UACS Code	e Debit	Credit				
			D. Approved	for Payment					
C. Certified			D. Alimiten	iii rayiikaii					
Sub	h available  ject to Authority to Debit Account (was porting documents complete and amoroper								
Signature			Signature						
Printed Name	NICK FREDDY R. B	Printed Name	EDGARDO E. TULIN						
Position	Accountant II		Position	President					
	Head, Accounting Unit/Authorize		Agency Head/	Head/Authorized Representative					
Date			Date						
Check/ ADA No. :	f Payment	Bank Name &	Account Number:	JEV No.					
Signature :	VSU Fuel Station	Date :	Printed Name:	Printed Name: Date					
Official Rece	ipt No. & Date/Other Documents								