OBLIGATION REQUEST AND STATUS					No.: MOOE <u>02-101101-2021-12</u>		
	VISAYAS STA		Date:	December 13, 2021			
		bay City, Leyte		Fund:	RCCRDC.OC.	2021	
Payee:	Eduardo O. Mangaoang						
Office:	Regional Climate Change	R & D Center					
Address:	RCCRDC, CFES, VSU, \	/isca, Baybay City, Leyte			UACS Code /		
Responsibility Center		Particulars				Amount	
RCCRDC	To Replenish petty ca	sh supporting papers hereto amount of	attached in the	100000000	50203990 00	4,065.00	
			Total			4,065.00	
A Certified:	Charges to appropration/allo	tment	B Certified: Allotment available and obligate				
	necessary, lawful and under my direct supervision			purpose/adjustment necessary as			
100 mg / 100	and supporting documents v	alid, proper and legal		indicated a			
Signature		mu	Signature				
Printed Name	EDUARDO C). MANGAOANG	Printed Name		ALICIA M. FLORES		
Position	Director	& Professor	Position		Admin. Officer II		
	RCCF		Head, Budg	jet Unit/Authorized	Representative		
Date			Date				
С		STATU	S OF OBLIGATI	ON			
	Reference		Amount				
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable	
	OBLIGATION	02-101101-2021-12	4,065.00		4,065.00		
		Totals	4,065.00		4,065.00		

		*				
		X-X-X->	(-X-X			
			TOTAL			4,065.00
PURPOSE For Office use						
CHECKED BY:			CHARGED TO:	RCCRDC	.OC.2021	
			FUNDS AVAILABLE:			
DOREEN B. ALBA			ALICIA M. FLORES			
	Т	echnical Working Group	Head, Budget/Accounting Office			
		REQUESTED BY;	NOTED BY:	,	APPROVED BY:	
SIGNATU	JRE	hu	Thus	/		mu)
PRINTED) NAME	EDUARDO O. MANGAOANG	EDUARDO O. MANGAC	DANG	EDGARDO E. TULIN	
DESIGNA	MOITA	End-User	Unit Head/Project Leader	er President		



Visayas State University Visca, Baybay City Leyte

PURCHASE REQUEST

DEPT./C	FFICE	RCCRDC		PR NO.		DATE 12/01/21	
SECTION	N/End-User	EDUARDO O. MANGAOAN	IG	Category:	Office Supplies	L	
Itrem No.	UNIT	ITEM DESC	RIPTION	QUANTITY	UNIT COST	TOTAL COST	
1	lit	Gasoline for motorcycle offic	ce	3.84	52.55	200.00	
2	рс	Fuel filter Accessories		1	1800	1800.00	
3	рс	Logitech Stereo Headset		1	525	525.00	
4	lit	Gasoline for motorcycle offic	ce	2.6	58	150.00	
5	service	Globe Laod for office comm		1	200	200.00	
6	cont.	Refill water container		1	35	35.00	
7	lit	Gasoline for motorcycle offic	ce	2	58	116.00	
8	service	LBC communication			85	85.00	
9	service	tricyle & pot2x fare to send	docs in LBC	1 1	20	20.00	
10	рс	fresh bathroom scent		1	64	64.00	
11	liters	Gasoline for motorcycle offic	ce	5.45	55.05	300.00	
12	liters	Gasoline for grasscutter		1.27	55.05	70.00	
13	liters	Gasoline for motorcycle offic	ce	3.78	52.90	200.00	
14	cont.	Refill water container		9	33.34	300.00	
		X-X-X-X				4.065.0	
RPOSE		For Office use	TOTAL			4,065.00	
CHECKED BY:		CHARGED TO:	RCCRDC.	OC.2021			
		DODEEN D. ALC:	FUNDS AVAILABLE:		3		
	т.	DOREEN B. ALBA echnical Working Group		ALICIA M. FLORES Head, Budget/Accounting Office			
		REQUESTED BY;	NOTED BY:		APPROVED BY:		
GNATU		A.				un	
		EDUARDO O. MANGAOANG		EDUARDO O. MANGAOANG EDGARDO E.			
PRINTED NAME EDUARDO O. MANGAOANG EDUARDO O. MANGA DESIGNATION End-User Unit Head/Project Lead			Presi				

VISAYAS STATE UNIVERSITY Visca, Baybay City, Leyte, Philippines					Fund Cluster : RCCRDC.OC.2021	
	THO	DISBURSEM	IENT VOU	JCHER		Date : 12/1/2021 DV No. :
Mode of Payment	М	DS Check Con	mmercial Check	ADA	Others (Please	specify)
Payee	EDUARDO (O MANGAOANG		TIN/Employee	No.:	ORS/BURS No.:
Address	Visayas State University, Visca, Baybay, Leyte					
	F	Particulars		Responsibility Center	MFO/PAP	Amount
pape		LENISH of petty cash a ned in the amount of		RCCRDC	303000000	4,065.00
		nount Due sh Advance necessar				4,065.00
_1		NAME AND DESCRIPTIONS	PCOR 1975 WW	NG, Director (RCC) and Signature of Sup		
B. Accounting		Account Title		UACS Code	e Debit	Credit
		Toologic Field		50201010 0		Credit
C. Certified:				D. Approved	for Payment	
Sub	50	ity to Debit Account ()		
Signature				Signature		
Printed Name	NICK FREDDY R. BELLO		Printed Name	EDGARDO E. TULIN		
Position		Admin. Officer V		Position	President	
rosition	Head, Accounting Unit/Authorized Representative		ve	Agency Head/Authorized Representative		
Date				Date		
E. Receipt of	f Payment					JEV No.
Check/ ADA No. :			Date:	Bank Name &	Account Number:	
Signature :			Date :	Printed Name: MANGAOANG		Date

Official Receipt No. & Date/Other Documents