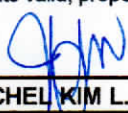



GF

Annex G

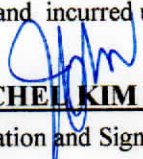
<b>OBLIGATION REQUEST AND STATUS</b>			No.: <b>02-101101-2020</b>			
<b>VISAYAS STATE UNIVERSITY</b>			Date: <b>December 2, 2021</b>			
<b>Visca, Baybay City, Leyte</b>			Fund: <b>GF</b>			
Payee:	<b>Dr. MA. RACHEL KIM L. AURE</b>					
Office:	<b>Office of the Director for Instruction and Evaluation</b>					
Address:	<b>Visca, Baybay City, Leyte</b>					
Responsibility Center	Particulars	MFO/PAP	UACS Code / Expenditure	Amount		
ISR.IMDAA.072 1-1221.01	TO REIMBURSEMENT for the Itinerary of Travel needed for the Research as indicated in the attached supporting papers in the amount of .....	301000000		140.00		
	<b>Total</b>			<b>140.00</b>		
<b>A</b> Certified: Charges to appropriation/allotment necessary, lawful and under my direct supervision and supporting documents valid, proper and legal  Signature:  Printed Name: <b>MA. RACHEL KIM L. AURE</b> Position: <b>Project Leader</b> Date: _____		<b>B</b> Certified: Allotment available and obligated for the purpose/adjustment necessary as indicated above  Signature: _____ Printed Name: <b>ALICIA M. FLORES</b> Position: <b>OIC-HEAD, Budget Office</b> <b>Head, Budget Unit/Authorized Representative</b> Date: _____				
<b>C STATUS OF OBLIGATION</b>						
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
	<b>Obligation</b>	<b>02-101101-2020</b>	<b>140.00</b>		<b>140.00</b>	
	<b>Totals</b>					

 <b>VISAYAS STATE UNIVERSITY</b> Entity Name		<b>Fund Cluster :</b> GF	
<b>DISBURSEMENT VOUCHER</b>		<b>Date : December 2, 2021</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>	<b>Dr. MA. RACHEL KIM L. AURE</b>	<b>TIN/Employee No.:</b>	<b>ORS/BURS No.:</b>
<b>Address</b>	<b>Visca, Baybay City, Leyte</b>		

Particulars	Responsibility Center	MFO/PAP	Amount
TO REIMBURSEMENT for the Itinerary of Travel needed for the Research as indicated in the attached supporting papers in the amount of ..... 0	<b>ISR.IMDAA.0721-1221.01</b>	<b>301000000</b>	<b>140.00</b>
<b>Amount Due</b>			<b>140.00</b>

**A.** Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.

  
**MA. RACHEL KIM L. AURE**  
 Printed Name, Designation and Signature of Project Leader

<b>B.</b> Accounting Entry:			
Account Title	UACS Code	Debit	Credit

<b>C. Certified:</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>D. Approved for Payment</b>
<b>Signature</b>	<b>Signature</b>
<b>Printed Name</b> <b>NICK FREDDY R. BELLO</b>	<b>Printed Name</b> <b>EDGARDO E. TULIN</b>
<b>OIC-Head, Accounting Unit/Authorized Representative</b>	<b>Agency Head/Authorized Representative</b>
<b>Date</b>	<b>Date</b>

<b>E. Receipt of Payment</b>			<b>JEV No.</b>
<b>Check/ADA No. :</b>	<b>Date :</b>	<b>Bank Name &amp; Account Number:</b>	
<b>Signature :</b>	<b>Date :</b>	<b>Printed Name:</b>	
<b>Official Receipt No. &amp; Date/Other Documents</b>			<b>Date</b>