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| | | | REQUISITION AND IS | SSUE S | SLIP | | | | | · |
| | | | VISAYAS STATE UNIV | /ERSITY | | | | | | |
| | | r. | Agency | | | | | | | |
| Division | DEP | PARTMENT OF | Responsibility Center | | RIS No. | 2 | | Dat | e Novemb | per 17, 2022 |
| Office | AGF | RONOMY | Code: VSU-IP-2021-03 | | SAI No. | | | Dat | te | |
| | | | | | | | | | | |
| | | | REQUISITION | | | | | | ISSU | ANCE |
| Stock No. | Unit | | Description | | | | Quant | ity | Quantity | Status of |
| 1 | Liters | Diesel | | 88.00 | Р | 8,800.00 | 100 |) | | |
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| | | | TC | TAL | P | 8,800.00 | | - | | |
| Purpose: | To fu | el hand tractor and gra | | | · | 0,000.00 | | | | |
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| | | Requested by: | Approved by | : | T | Issued b |)V: | | Recei | ved by: |
| Signature | | (M2- | | | | | | | | |
| Name | | ED ALLAN LALCOB | ER EDGARDO E. TU | JLIN | | | | | | |
| Designation | | Project Study Leader | President | | 7 | | | | | |
| Date | | | | | | | | | | |

| A. Certified: Exp | penses/Cash Advance necessary, lawful and inco | urred under my direc | t supervision. | 8,800.00 | |
|---|--|--|----------------|-------------|--|
| | ED ALLANIA | LCOBER | | | |
| | Project Study | | | | |
| B. Accounting Er | THE RESIDENCE OF THE PARTY OF T | | | | |
| Account Title | | UACS Code | Debit | Credit | |
| | | | | - Crount | |
| C. Certified: | | D. Approved fo | r Payment | | |
| Cash avai | lable | D. Approved to | Таушеш | | |
| Subject to | Authority to Debit Account (when applicable) | | | | |
| subject to | Account (when applicable) | | | | |
| 1 10 | | 1 | | | |
| | g documents complete and amount claimed | | | | |
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| proper Signature | g documents complete and amount claimed | Signature | | - | |
| Signature Printed Name | | Signature Printed Name | EDGAR | DO E. TULIN | |
| Printed Name Position | g documents complete and amount claimed | | | DO E. TULIN | |
| Printed Name Position Date | NICK FREDDY R. BELLO Head, Accounting Office | Printed Name | | | |
| Printed Name Position Date | NICK FREDDY R. BELLO Head, Accounting Office | Printed Name Position | | | |
| Printed Name Position Date C. Receipt of Pay Check/ | NICK FREDDY R. BELLO Head, Accounting Office | Printed Name Position | F | President | |
| Printed Name Position Date C. Receipt of Pay Check/ ADA No. : | NICK FREDDY R. BELLO Head, Accounting Office ment Date: | Printed Name Position Date Bank Name & Ac | F | President | |
| Printed Name Position Date C. Receipt of Pay Check/ ADA No.: Signature: | NICK FREDDY R. BELLO Head, Accounting Office | Printed Name Position Date | F | President | |