

<b>OBLIGATION REQUEST AND STATUS</b>				No.: 02-101101-2021-12		
<b>VISAYAS STATE UNIVERSITY</b>				Date: December 3, 2021		
Visca, Baybay City, Leyte				Fund: VSU-IP-2021-6		
Payee:	Jo Jane D. Atok					
Office:	Advanced Research and Innovation Center					
Address:						
Responsibility Center	Particulars	MFO/PAP	UACS Code / Expenditure	Amount		
Advanced Research and Innovation Center	To replenish petty cash fund	301000000	5021299000	3,540.00		
<b>Total</b>				<b>3,540.00</b>		
<b>A</b> Certified: Charges to appropriation/allotment necessary, lawful and under my direct supervision and supporting documents valid, proper and legal.			<b>B</b> Certified: Allotment available and obligated for the purpose/adjustment necessary as indicated above.			
Signature: _____ Printed Name: <b>EDGARDO E. TULIN</b> Position: Project Leader			_____ <b>ALICE M. FLORES</b> OIC-HEAD, BUDGET OFFICE			
Date: _____						
<b>STATUS OF OBLIGATION</b>						
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
	obligation	02-101101-2021-12	3,540.00		3,540.00	
Totals					3,540.00	

**INSPECTION AND ACCEPTANCE REPORT**  
**Visayas State University**  
**Agency**

Supplier: Pls see attached receipts

AR No. \_\_\_\_\_

PO No. \_\_\_\_\_

Date: December 3, 2021

Requisitioning Office/Dept. **Advanced Research and Innovation Center**

	Unit	Item Description	Quantity
1	pc	Thai Bamboo	2
2	pack	Book binding with cover printing	5
3	ream	Bond Paper, A4	2
4	pack	Book binding with cover printing	5
5	pc	Paint brush	4

**INSPECTION**

Date Inspected: see individual receipts

☐

Inspected verified and found OK  
as to quantity and specifications

**MA. FE A. BASLAN**  
 Inspection Officers

**ACCEPTANCE**

Date Received: see individual receipts

☒

Complete

☒

Partial

**JO JANE D. ATOK**  
 End User

Revised January, 1992



Official Receipt  
of the  
Republic of the Philippines

Nº 7806069 0

Date 11-25-2021

Agency **VISAYAS STATE UNIVERSITY** Fund


Payor **ADVANCED RESEARCH & INNOVATION CENTER**

Nature of Collection	Account Code	Amount
THAI RAMBOD	STF -	P 700 -
	ORNAMENTS	
TOTAL		P 700 -

Amount in Words **SEVEN HUNDRED PESOS**

<input checked="" type="checkbox"/> Cash	Drawee Bank	Number	Date
<input type="checkbox"/> Check			
<input type="checkbox"/> Money Order			


Received the amount stated above. \*

  
Roden D. Troyo  
Collecting Officer

NOTE: Write the number and date of this receipt on the back of check or money order received.

PR No:

Stock	PPMP#	Issue	Item Description	Quantity	Unit Cost	Total Cost
1		pc	Thai Bamboo	2	350.00	700.00
2		pack	Book binding with cover printing	5	180.00	900.00
3		ream	Bond Paper, A4	2	490.00	980.00
4		pack	Book binding with cover printing	5	180.00	900.00
5		pc	Paint brush	4	15.00	60.00
6						
7						
8						
9						
10						
11						
12						
13						
14						
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27						
			<b>Certified as to funds available per appropriation</b> in the amount of _____ within _____ days. Charged to: VSU-IP-2021-6			
			<b>NICK FREDDY R. BELLO</b> OIC Head, Accounting			
			<b>TOTAL 3,540.00</b>			
			Requested by: _____ Approved by: _____			
Signature: _____						
Printed Name: _____			<b>EDGARDO E. TULIN</b>			
Designation: _____			Project Leader			
			<b>EDGARDO E. TULIN</b> President, VSU			

		<b>VISAYAS STATE UNIVERSITY</b>		Fund Cluster :	
		Entity Name		General Fund	
		<b>DISBURSEMENT VOUCHER</b>		03-Dec-21	
				DV No. :	
Mode of Payment	<input type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify)				
Payee	Jo Jane D Atok		TIN/Employee No.:		ORS/BURS No.:
Address	VSU, Baybay City, Leyte				
Particulars			Responsibility Center	MFO/PAP	Amount
To replenish petty cash fund in the amount of as per supporting papers hereto attached			ARI-Center VSU-IP-2021-6	301000000	3,540.00
Amount Due					3,540.00
A. <input type="checkbox"/> S <div style="text-align: center;"><b>EDGARDO E. TULIN</b> Project Leader</div>					
B. Accounting Entry:					
Account Title			UACS Code	Debit	Credit
C. Certified:			D. Approved for Payment		
<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					
Signature			Signature		
Printed Name	NICK FREDDY R. BELLO		Printed Name	EDGARDO E. TULIN	
Position	OIC-Head, Accounting Unit/Authorized Representative		Position	Agency Head/Authorized Representative	
Date			Date		
E. Receipt of Payment					
Check/ADA No. :		Date :	Bank Name & Account Number:	JEV No.	
Signature :		Date :	Printed Name:	Date	
Official Receipt No. & Date/Other Documents					