

OBLIGATION REQUEST AND STATUS

No.: MOOE- 02-101101-2022-1

VISAYAS STATE UNIVERSITY

Date: January 21, 2022

Visca, Baybay City, Leyte



Fund: GF RCCRDC

Payee: GLOBE TELECOM, INC

Office: **Globelines Telecomm**

Address: Tacloban City, Leyte

Responsibility Center	Particulars	MFO/PAP	UACS Code / Expenditure	Amount
RCCRDC	Communication Expense- GLOBE POSTPAID PLAN BILL 09064168512, Acct #: 1014769221, DECEMBER 10, 2021- JANUARY 09, 2022	303000000	50205020 01	300.00
Total				300.00

A		B	
Certified:	Charges to appropriation/allotment necessary, lawful and under my direct supervision and supporting documents valid, proper and legal	Certified:	Allotment available and obligated for the purpose/adjustment necessary as indicated above
Signature 		Signature 	
Printed Name EDUARDO O. MANGAOGANG		Printed Name ALICIA M. FLORES	
Position Director, RCCRDC		Position Admin. Officer III	
Date		Date	

C				
Reference		STATUS OF OBLIGATION		
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Amount
				Payment
				Not Yet Due
				Due and Demandable
21-Jan-22	OBLIGATION	02-101101-2022-1	300.00	300.00
	Totals		300.00	300.00



VISAYAS STATE UNIVERSITY
Visca, Baybay City, Leyte, Philippines

DISBURSEMENT VOUCHER

Fund Cluster :
Date :1/21/2022
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	GLOBE TELECOM, Inc.	TIN/Employee No.:	ORS/BURS No.:
Address	GlobeLines Tacloban City, Leyte		
Particulars	Responsibility Center	MFO/PAP	Amount
TO PAYMENT of RCCRDC Postpaid Plan Bill (Mobile No. 09064168512) for the billing period of December 10, 2021 to January 09 2022 in the amount of Amount of Bill P 300.00 Less: 5% 13.39 2% 5.36 = 18.75 Net Amount Payable= P 281.25 Fund: RCCRDC	RCCRDC	303000000	281.25
Amount Due	281.25		
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. <u>EDUARDO O. MANGAANG, Director (RCCRDC)</u> Printed Name, Designation and Signature of Supervisor			
B. Accounting Entry:			
Account Title	UACS Code	Debit	Credit
	50205020 01		
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	Printed Name		
NICK FREDDY R. BELLO	EDGARDO E. TULIN		
Position	Position		
Admin. Officer V	President		
Head, Accounting Unit/Authorized Representative	Agency Head/Authorized Representative		
Date	Date		
E. Receipt of Payment		JEV No.	
Check/ADA No.:	Date:	Bank Name & Account Number:	
Signature:	Date:	Printed Name: Globe Telecomm, Inc.	Date
Official Receipt No. & Date/Other Documents			