

OBLIGATION REQUEST AND STATUS				No.: 02-101101-2021-12-		
VISAYAS STATE UNIVERSITY				Date: 12/9/2021		
Visca, Baybay City, Leyte				Fund: GF		
Payee:	Isabelita V. Sedrome					
Office:	Office of the Head of Records and Archives (OHRA)					
Address:	VSU, Vsica, Baybay City, Leyte					
Responsibility Center	Particulars	MFO/PAP	UACS Code / Expenditure	Amount		
OHRA	Replenishment of office supplies expenses as per supporting papers attached in the amount of.....	100000000		3,456.45		
Total				3,456.45		
Certified: Charges to appropriation/allotment necessary, lawful and under my direct supervision and supporting documents valid, proper and legal Signature _____ Printed Name MARIA ROBERTA S. MIRAFLOR Position Admin. Officer II Head, Records and Archives Date 12/9/2021		<input checked="" type="checkbox"/> Certified: Allotment available and obligated for the purpose/adjustment necessary as indicated above Signature _____ ALICIA M. FLORES Position Admin. Officer III Head, Budget Unit/Authorized Representative Date 12/9/2021				
STATUS OF OBLIGATION						
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
	Obligation		3,456.45		3,456.45	
Totals			3,456.45		3,456.45	

VISAYAS STATE UNIVERSITY Entity Name				Fund Cluster :	
DISBURSEMENT VOUCHER				Date : 12/09/2021 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		SEDROME, ISABELITA V.		TIN/Employee No.: 116-626-892/ V000646	
Address		ViSCA, Baybay City, Leyte			
Particulars		Responsibility		MFO/PAP	
Replenishment of office supplies expenses as per supporting papers attached in the amount.....		OHRA		3,456.45	
Amount Due				3,456.45	
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.					
<p style="text-align: center;"> MARIA ROBERTA S. MIRAFLOR Head, Records and Archives </p>					
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 Accountant II OIC Head, Accounting/Authorized Representative		Position President Agency Head/Authorized Representative			
Date		Date			
E. Receipt of Payment					JEV No.
Check/ ADA No.		Date :		Bank Name & Account Number:	
Signature:		Date :		Printed Name:	
Official Receipt No. & Date/Other Documents					Date