

OBLIGATION REQUEST AND STATUS				No.: 02-101101-2021-12		
VISAYAS STATE UNIVERSITY				Date: 12/07/21		
Visca, Baybay City, Leyte				Fund: GF		
Payee:	VSU-Fuel Station					
Office:	Office of the Head of Supply and Property (OHSP)					
Address:	Visca, Baybay City, Leyte					
Responsibility Center	Particulars	MFO/PAP	UACS Code / Expenditure	Amount		
OHRA	Payment for unleaded gasoline (December) as per supporting documents attached in the amount of....	100000000	5020309000	1,950.00		
Total				1,950.00		
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 12/7/2021		<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 12/7/2021				
STATUS OF OBLIGATION						
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
	Obligation		1,950.00		1,950.00	
		Totals	1,950.00		1,950.00	

VISAYAS STATE UNIVERSITY Entity Name				Fund Cluster :	
DISBURSEMENT VOUCHER				Date : 12/7/2021 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		VSU-Fuel Station		TIN/Employee No.:	
Address		Visca, Baybay City, Leyte			
Particulars		Responsibility		MFO/PAP	
Payment for the unleaded gasoline (December) for messengerial duties as per supporting docs. attached in the amount of ...		OHRA		Amount 1,950.00	
Amount Due				1,950.00	
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.					
<div style="text-align: center;"> MARIA ROBERTA S. MIRAFLOR Head, Records and Archives 12/7/2021 </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		Printed Name			
Position		Position			
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	

[illegible]