OBLIGATION REQUEST AND STATUS No.: 02-101101-2021-12 VISAYAS STATE UNIVERSITY Date: 12/07/21 GF Visca, Baybay City, Leyte Fund: **VSU-Fuel Station** Payee: Office: Office of the Head of Supply and Property (OHSP) Visca, Baybay City, Levte Address: Responsibility UACS Code / **Particulars** MFO/PAP Amount Center Expenditure OHRA Payment for unleaded gasoline (December) 100000000 5020309000 1,950.00 as per supporting documents attached in the amount of.... 1.950.00 Total B Certified: Certified: Charges to appropration/allotment Allotment available and obligated for the necessary, lawful and under my direct supervision purpose/adjustment necessary as and supporting documents valid, proper and legal indicated above Signature Signature Printed Name MARIA ROBERTA S. MIRAFLOR ALICIA M. FLORES Position Admin. Officer II Position Admin, Officer III Head, Records and Archives Head, Budget Unit/Authorized Representative 12/7/2021 Date 12/7/2021 Date STATUS OF OBLIGATION Reference Amount Due and **Particulars** ORS/JEV/RCI/RADAI No. Date Obligation Payment Not Yet Due Demandable Obligation 1,950.00 1.950.00 Totals 1.950.00 1.950.00

	VISAYAS STAT		Fund Cluster:				
	Entity		Date: 12/7/2021				
	DISBURSEMEN	NT VOUCHE	R		DV No. :		
Mode of Payment	MDS Check Co	mmercial Chec	k ADA	Others (Plea	ase specify)		
Payee	VSU-Fuel Station	TIN/Employ	ee No.:	ORS/BURS No.:			
Address	Visca, Baybay City, Leyte						
	Particulars		Responsibility	MFO/PAP	Amount		
for messeng	r the unleaded gasoline (December) gerial duties as per supporting docs. the amount of		OHRA		1,950.00		
	d: Expenses/Cash Advance necessary	Amount Due			1,950.00		
P	Неас	ROBERTA S. d, Records and 12/7/2021					
B. Accoun	Account Title		UACS Cod	e Debit	Credit		
C. Certified:			D. Approve	D. Approved for Payment			
Sul	sh available bject to Authority to Debit Account (w pporting documents complete and amo roper)				
Signature			Signature				
Printed Name			Printed Name	EDGARDO E. TULIN			
Position Accountant II		Position		President ad/Authorized Representative			
OIC, Accounting/Authorized Representative Date		Date	Agency Head				
	of Payment		7 3 110		JEV No.		
Check/ ADA No. :	or rayment	Date :	Bank Name Number:	& Account	JEV No.		
Signature :		Date:	Printed Nam	e:	Date		
Official Re	ceipt No. & Date/Other Documents				1		

Annex G-8

REQUISITION AND ISSUE SLIP

VISAYAS STATE UNIVERSITY

Agency

D		Agency			the state of the s	
Division		Res. Cer	nter	RIS No.		No.
Office	OHRA	Code		SAI No.		Date:12/7/2021
Stock No.	Item Description		Unit		Unit Cost	Total Price
	unleaded gasoline (December)		liters	30	65.00	1,950.00
	nothing follows					
	90					
	4					
Purpose:	for office/messengerial use				TOTAL	1,950.00
•	Requested by:	Approve	d by:	Issued by:		Received:
Signature	ni	Tu Tu				
Name	MARIA ROBERTA S. MIRAFLOR	EDGARD	O E. TULIN			
Designation	Head, OHRA		sident			
Date	12/7/2021		7/2021			