



OBLIGATION REQUEST AND STATUS

VISAYAS STATE UNIVERSITY

Visca, Baybay City, Leyte


No: 02-2021-11-213

Date: 3-Dec-21

Fund: PCC-407

Payee: **SAMILO L. GAHOY**
 Office: Philippine Caraba Center at VSU
 Address: Visca, Baybay City, Leyte

Responsibility Center	Paticulars	MFO / PAP	UACS Code/ Expenditure	AMOUNT
05-010-00000-04-11	Payment for Pre-Travel (Dec. 7-10, 2021 @ San Isidro Leyte)	05-010-0000-04-11-02-01	50201010	11,100.00
	Total			11,100.00

A Certified: Charge to appropriation/ allotment necessary, lawful and under my direct supervision and supporting documents valid, proper and legal Signature  Printed Name FRANCISCO G. GABUNADA JR Position Center Director, PCC Date _____	B Certified: Appropriation/Allotment available and obligated for the purpose as indicated above. Signature _____ Printed Name NICK FREDDY R. BELLO Position OIC-Head, Accounting Office Date _____
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C STATUS OF OBLIGATION						
Reference			Amount			
Date	Particulars	ORS/JEV/RCI No.	Obligation	Payment	Not Yet Due	Due and Demandle
December 3, 2021	Obligation		11,100.00			11,100.00
		02-2021-11-213				
	TOTALS		11,100.00			11,100.00

OP#9611
12/6/21

PCC Form No. 01 (Travel Order)



PHILIPPINE CARABAO CENTER

Visayas State University
Visca, Baybay City, Leyte

Date: 12-3-2021

SAMUEL L. GAHOY

(Name)

Signature: [Signature]

Designation: FW I

Destination: SAN ISIDRO LEYTE

Date of Travel: 12/7-8-9-10/2021

Purpose: TO CONDUCT P.D.E.S
H.I AND ANIMAL
HEALTH SERVICES.

Estimated Expenses: P _____

Source of Funds: _____

Transportation:

- ☐ Public Conveyance
- ☐ Personal Vehicle
- ☐ PCC Vehicle

RECOMMENDING APPROVAL:

FRANCISCO G. GABUNADA JR.

Head/ Center Director

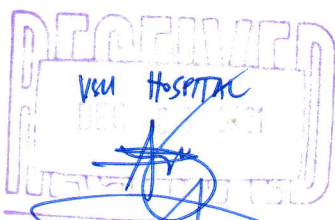
FRANCISCO G. GABUNADA JR.

In charge of Funds

APPROVED:



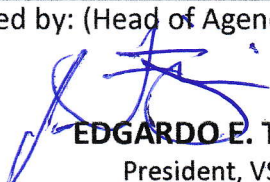
EDGARDO E. TULIN


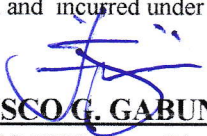
President, VSU



SARAH ANTONIO W. TABADA, MD
Medical Officer III

- > Approved travel order
- > maintain minimum health protocol/measures at all times.

ITINERARY OF TRAVEL No: <u>2021-023</u>				DATE: December 3, 2021	
Name: SAMILO L. GAHOY		Position: Farm Worker/AI Tech		Monthly Salary	
Purpose of Travel: Conduct Massive AI, PD, ES and Animal health services					
Date	(Destination)	T I M E		Means of	Travelling
		Dep	Arr	Transportation	Allowance
2021					
December					
7	Station - San Isidro Leyte	6:00 am	8:00 am	PCC Vehicle	
	At San Isidro Leyte			Per Diem	1,350.00
8-9	At San Isidro Leyte			Per Diem	2,700.00
10	San Isidro - Station	3:00 pm	5:00 pm	PCC Vehicle	
				Per Diem	450.00
	Meals for 4 VBAIT good for 6 days activity				6,600.00
TOTAL					11,100.00
I CERTIFY THAT (1) I have reviewed the foregoing itinerary, (2) the travel is necessary to the service, the period covered is reasonable and (4) the expenses claimed are proper.			Prepared by: (Official/Employee)  SAMILO L. GAHOY		
 FRANCISCO G. GABUNADA JR. Center Director, PCC-VSU			Approved by: (Head of Agency)  EDGARDO E. TULIN President, VSU		

		VISAYAS STATE UNIVERSITY Visca Baybay City, Leyte		Fund Cluster :	
DISBURSEMENT VOUCHER				Date : 12/03/2020 DV No. : 2021-239	
Mode of Payment		<input type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify)			
Payee		SAMILO L. GAHOY		TIN/Employee No.:	
Address		Baybay City, Leyte			
Particulars		Responsibility Center		MFO/PAP	
Payment for Pre-travel as per supporting papers hereto attached in the amount of		5-010-00000-04-1		05-010-0000-04-11-02-01	
Amount Due				11,100.00	
				11,100.00	
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.					
<div style="text-align: center;">  FRANCISCO G. GABUNADA JR. PCC-VSU Center Director </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			11,100.00		
Signature		Signature			
Printed Name		Printed Name			
Position		Position			
OIC-Head, Accounting Office Head, Accounting Unit/Authorized Representative		VSU 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:	
				SAMILO L. GAHOY	
Official Receipt No. & Date/Other Documents					Date