

OBLIGATION REQUEST AND STATUS**VISAYAS STATE UNIVERSITY**

Visca, Baybay City, Leyte

No.: MOOE 02-101101-2021-12

Date: December 2, 2021

Fund: OP

Payee: NOLITO RABANOS

Office: HELVMU/GSD

Address: VSU, Visca, Baybay City, Leyte

Responsibility Center	Particulars	MFO/PAP	UACS Code / Expenditure	Amount
RCCRDC	Per diem	303000000	50201010 00	1200.00
Total				1,200.00

A Certified: Charges to appropriation/allotment necessary, lawful and under my direct supervision and supporting documents valid, proper and legal

Signature

Printed Name

Position

Date

EDUARDO O. MANGAOANG

Director, RCCRDC

B Certified: Allotment available and obligated for the purpose/adjustment necessary as indicated above

Signature

Printed Name

Position

Date

ALICIA M. FLORES

Admin. Officer III

Head, Budget Unit/Authorized Representative

STATUS OF OBLIGATION

Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
		02-101101-2021-12	1200.00		1200.00	
		Totals	1200.00		1200.00	

MARLON G. BURLAS

Motor Pool Services Head

Approved by

MARIO LILIO P. VALENZONA

Director, PPO

INSTRUCTIONS: Drivers shall fill in this part properly. Drivers are accountable for and are responsible for reporting any vehicle damage, defects and accidents immediately

Trip Ticket Issued/Received	Vehicle Condition (Before Travel)	Fuel & Lubricant Issued/Used	Departure/Time Out	Odometer/Mileage Out
			6:00-8:00	49764
Date Returned	Vehicle Condition (After Travel)	Fuel & Lubricant Balanced	Arrival/Time In	Odometer/Mileage In
			9:00-11:00	49804

Was the passenger/s following the call time & location?

☐ Yes☐ No

Was there any purchased of fuel/lubricant outside VSU Campus?

☐ Yes (Specify)☐ No

Was the vehicle involved in accident or damaged while in your custody?

☐ Yes (Specify)☐ No

Was the vehicle used other than official government business?

☐ Yes (Specify)☐ No

Driver's Name & Signature

Filled in by the Head of Party or Requesting Party

This vehicle will be used for official government business only. I have reviewed and complied with rules & regulations regarding the use of Government-Owned Vehicle.

SIGNATURE OVER PRINTED NAME

Service Satisfaction

- ☐ 1. Not Satisfied
☐ 2. Slightly Satisfied
☐ 3. Moderately Satisfied
☐ 4. Very Satisfied
☐ 5. Extremely Satisfied

Name and Signature

Driver's OVER ALL RATING

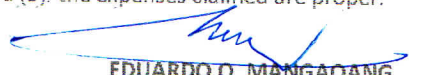
- ☐ 1. - Poor ☐ 2. - Fair
☐ 3. - Good ☐ 4. - Very Good
☐ 5. - Excellent

Comments & Suggestions

Revised January 1992

ITINERARY OF TRAVEL		DATE			
No.		POSITION		MONTHLY SALARY	
NAME: NOLITO RABANOS		Adm. Aide. IV			
Official Station: VSU, Baybay, Leyte		Residence			
PURPOSE OF TRAVEL: To conduct and fetch RCCRDC Director and Staff Project					
DATE:	Place to be visited (Destination)	TIME Departure	Arrival	Means of Transportation	Travelling Expenses
2021 October 21	VSU to PENRO Palo Leyte PENRO Palo Leyte- VSU	5:30AM 5:30PM	8:00AM 7:00PM	T Hilux Per Diem Incidental Allowance	 450.00 150.00
Nov. 3	VSU to Tacloban Leyte Tacloban Leyte- VSU	6:00AM 9:00AM	8:00AM 11:00AM	T Hilux Per Diem Incidental Allowance	 150.00 150.00
4	VSU to Tacloban Leyte Tacloban Leyte- VSU	6:00AM 9:00AM	8:00AM 11:00AM	T Hilux Per Diem Incidental Allowance	 150.00 150.00
TOTAL					1,200.00


I CERTIFY that (1) I have received the foregoing itinerary (2) the travel is necessary to the service, the period cover is reasonable and (3). the expenses claimed are proper.



EDUARDO O. MANGAOANG
 Supervisor

Prepared by: (Official, Employee)


NOLITO RABANOS

Approved by: (Head of Agency)


EDGARDO E. TULIN
 President

 VISAYAS STATE UNIVERSITY Visca, Baybay City, Leyte, Philippines DISBURSEMENT VOUCHER		Fund Cluster :	
		OP	
		Date :11/22/2021	
		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	NOLITO RABANOS	TIN/Employee No.:	ORS/BURS No.:
Address	Visayas State University, Visca, Baybay, Leyte		
Particulars		Responsibility Center	Amount
To payment of per diem as per supporting documents hereto attached in total amount of . . .		RCCRDC	303000000
Amount Due			1,200.00
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. <div style="text-align: center;"> EDGARDO E. TULIN, VSU President (OP) Printed Name, Designation and Signature of Supervisor </div>			
B. Accounting Entry:			
Account Title		UACS Code	Credit
		50201010 00	
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	Admin. Officer V	Position	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: NOLITO RABANOS	Date
Official Receipt No. & Date/Other Documents			