Annex F

OBLIGATION REQUEST AND STATUS
VISAYAS STATE UNIVERSITY
Visca, Baybay City, Leyte

No.: 02-101101-2021
Date: November 25, 2021
Fund: General Fund

Payee:	Ma. Theresa P. Loreto
Office:	College of Arts and Sciences
Address:	

Responsibility Center	Particulars	MFO/PAP	UACS Code / Expenditure	Amount
CAS	Replenishment- Petty Cash Fund	301000000		1,035.00
	Total			**1,035.00**

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

Signature:
Printed Name: **MA. THERESA P. LORETO**
Postion: Dean, CAS
Date

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

Signature:
Printed Name: **ALICIA M. FLORES**
Postion: OIC-HEAD, BUDGET OFFICE
Date

C **STATUS OF OBLIGATION**

Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
	Obligations	02-101101-2021	**1,035.00**		**1,035.00**	
		Totals			1,035.00	

INSPECTION AND ACCEPTANCE REPORT

Visayas State University

Agency

Supplier: Please see attached reciepts

AR No. _____

PO No.: _____

Requisitioning Office/Dept.: **College of Arts and Sciences**

Date: 25-Nov-21

	Unit	Item Description	Quantity
1	pc	Angle Bar (1 ½ x 1 ½ x 3/16)	1
2	pc	Angle Bar, 1x1 x 3/16	1

INSPECTION	ACCEPTANCE
Date Inspected: See Individual Receipts	Date Received: See Individual Receipts
☐ Inspected verified and found OK as to quantity and specefications	☐ Complete ☐ Partial
MARLON BURLAS Inspection Officer	**MA. THERESA P. LORETO** End User

B-3

PURCHASE REQUEST

VISAYAS STATE UNIVERSITY

Agency

Department: College of Arts and Sciences (CAS) PR No: Date: 25-Nov-21

Stock No.	Unit of		Item Description	Quantity	Unit Cost	Total Cost
	PPMP#	Issue				
1		pc	Angle Bar (1 ½ x 1 ½ x 3/16)	1	620.00	620.00
2		pc	Angle Bar, 1x1 x 3/16	1	415.00	415.00
			Certified as to funds available per appropriation *in the amount of _____ within ____ days* *Charged to: General Fund* *College of Arts and Sciences (CAS)* **NICK FREDDY R. BELLO** OIC-Head, Accounting Unit			
					TOTAL	**1,035.00**

	Requested by:	Approved by:
Signature:		
Printed Name:	MA. THERESA P. LORETO	EDGARDO E. TULIN
Designation:	Dean, CAS	President, VSU

LMS HARDWARE & CONSTRUCTION SUPPLIES

Brgy. Guadalupe, Baybay City
LEIZEL MAR N. SUMABAT – Prop.
VAT Reg. TIN: 296-581-423-000

SALES INVOICE

DATE: 11/25/19

SOLD TO: USU - CAS

TIN/SC-TIN:

OSCA/PWD ID No.: TERMS:

BUSINESS STYLE:

ADDRESS:

QTY.	UNIT	ARTICLES	UNIT PRICE	AMOUNT
1	piece	Angle bar 1 x 2.5 mm	415	415
1	piece	Angle bar 1½ x 2.5 mm	620	620

		VATable	924.11	Total Sales (VAT Inclusive)	
		VAT-Exempt		Less: VAT	
		VAT Zero Rated		Total	
		VAT 12%	110.89	Less: 20% SC/PWD-Discount	

№ 006147 TOTAL AMOUNT DUE ☞ Php 1035

Received the above goods in good order & condition

500 Bklts (50x2) 5001 - 30000
BIR Authority to Print No.: 2AU0002683316
Date Issued: 04-14-2021 Valid Until: 04-14-2026

AJJA PRINTERS, D. Veloso St., Baybay City
TIN: 185-725-307-000 NV Cel. 0945.216-4584

Cashier/Authorized Representative

Printer's Accreditation #: 083MP201900000000008
Date Issued: 04/26/2019

THIS INVOICE SHALL BE VALID FOR FIVE (5) YEARS FROM THE DATE OF ATP

Appendix 32

VISAYAS STATE UNIVERSITY Entity Name **DISBURSEMENT VOUCHER**	Fund Cluster : General Fund 25-Nov-21 DV No. :

Mode of Payment	☐ MDS Check ☐ Commercial Check ☐ ADA ☐ Others (Please specify)		
Payee	**Ma. Theresa P. Loreto**	TIN/Employee No.:	ORS/BURS No.:
Address	**VSU, Baybay City, Leyte**		

Particulars	Responsibility Center	MFO/PAP	Amount
To replenish expenses in the amount of... as per supporting papers hereto attached....	CAS	301000000	**1,035.00**
Amount Due			**1,035.00**

A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.

mtloreto

MA. THERESA P. LORETO
Dean, College of Arts and Sciences

B. Accounting Entry:

Account Title	UACS Code	Debit	Credit

C. **Certified:**	D. **Approved for Payment**
☐ Cash available ☐ Subject to Authority to Debit Account (when applicable) ☐ Supporting documents complete and amount claimed proper	

Signature		Signature	
Printed Name	**NICK FREDDY R. BELLO**	Printed Name	**EDGARDO E. TULIN**
Position	OIC-Head, Accounting Unit/Authorized Representative	Position	Agency Head/Authorized Representative
Date		Date	

E. **Receipt of Payment** JEV No.

Check/ ADA No. :		Date :	Bank Name & Account Number:	
Signature :		Date :	Printed Name:	Date
Official Receipt No. & Date/Other Documents				