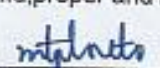


OBLIGATION REQUEST AND STATUS
VISAYAS STATE UNIVERSITY

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 appropriation/allotment necessary, lawful and under my direct supervision and supporting documents valid, proper and legal. Signature:  Printed Name: MA. THERESA P. LORETO Position: Dean, CAS Date:	B Certified: Allotment available and obliged for the purpose/adjustment necessary as indicated above. Signature: _____ Printed Name: ALICIA M. FLORES Position: 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 receipts

AR No. _____

PO No.: _____

Date: 25-Nov-21

Requisitioning Office/Dept.: _____

College of Arts and Sciences

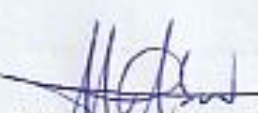
	Unit	Item Description	Quantity
1	pc	Angle Bar (1 ½ x 1 ½ x 3/16)	1
2	pc	Angle Bar, 1x1 x 3/16	1

INSPECTION

Date Inspected: See Individual Receipts

☐

Inspected verified and found OK as to
quantity and specifications


MARLON BURLAS
Inspection Officer

ACCEPTANCE

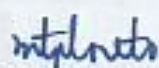
Date Received: See Individual Receipts

☐

Complete

☐

Partial


MA. THERESA P. LORETO
End User

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
<i>Certified as to funds available per appropriation</i> <i>in the amount of _____ within _____ days.</i> <i>Charged to: General Fund</i> <i>College of Arts and Sciences (CAS)</i> NICK FREDDY R. BELLO OIC-Head, Accounting Unit						
					TOTAL	1,035.00
Signature: _____			Requested by: <u>mtloredo</u>		Approved by: _____	
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: 11/25/20

SOLD TO: USU - CAT

TIN/SC-TIN:

OSCA/PWD ID No.:

TERMS:

BUSINESS STYLE:

ADDRESS:

[illegible]

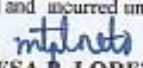
500 B&Bs (50x2) 5001 - 30000
BIR Authority to Print No.: 2AU0002683316
Date Issued: 04-14-2021 Valid Until: 04-14-2026

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

Cashier/Authorized Representative

Printer's Accreditation #: 08SMP201900000000008
Date Issued: 04/26/2019

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

		VISAYAS STATE UNIVERSITY Entity Name		Fund Cluster : General Fund	
		DISBURSEMENT VOUCHER		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.  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					
Check/ADA No. :		Date :	Bank Name & Account Number:	JEV No.	
Signature :		Date :	Printed Name:	Date	
Official Receipt No. & Date/Other Documents					