0	BLIGATION RE	QUEST AND STAT	US	No.: MOOE-	02-101101-202	2-04	
		Date:	April 25, 2022				
3/21/7/		ybay City, Leyte		Fund:			
Payee:	GLOBE TELECON	M, Inc.					
Office:	Globe Telecom						
Address:	Globelines, Tacloban C	ity, Leyte					
Responsibility Center	DA 1/10	Particulars			UACS Code / Expenditure	Amount	
RCCRDC	RCCRDC Communication Expense- GLOBE POSTPAIL 09173946866, Acct #: 1014768861_27 FEBRU/ MARCH 2022			303000000	50205020 01	300.0	
and the second			Total			300.0	
A Certified:	Charges to appropration/allo	tment	B Certified:	Allotment av	ailable and obligate		
Signature	necessary, lawful and under my direct supervision and supporting documents valid, proper and legal		Signature	purpose/adjustment necessary as indicated above			
Printed Name	EDUARDO	EDUARDO O. MANGAOANG Director & Professor		ALICIA M. FLORES			
Position				Admin. Officer III			
	RCC	RDC/ CFES		Head, Budg	et Unit/Authorized I	Representative	
Date			Date				
С	Reference	STATU	S OF OBLIGATION				
Data				Amount		Due and	
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Demandable	
	OBLIGATION	02-101101-2022-04	300.00		300.00	- - -	
		Totals	300.00		300.00		
			50205020-01	make to	of residu		
C. Certified:			D. Approved fo	D. Approved for Payment			
C. Cel	Cash available Subject to Authority to I	Debit Account (when applicable) complete and amount claimed	803	yeales made	Consentation of the consent to the c		
	proper		Signatura	20	out bear .		
Signa	ature		Signature	Action to the	ALOO DAME		
	Printed Name NICK FREDDY R. BELLO Admin. Officer V Head, Accounting Unit/Authorized Representative		Printed Name	nted Name EDGARDO E. T		LIN	
Na			Position -	President			
Posi				Agency Head/A	authorized Represe	entative	
Da	Head, Accounting	9	Date				
	ceipt of Payment				JEV No.		

Inc.

Date:

Date:

Check/ ADA No.:

Signature:

Official Receipt No. & Date/Other Documents

Bank Name & Account Number:

Printed Name: Globe Telecomm,

Date

350
5
[[五][[日]][日]
TERSIT

VISAYAS STATE UNIVERSITY Visca, Baybay City, Leyte, Philippines

Fund	Cluster	

	DISBURSEMENT VOU	CHER		Date : 4/25/2022 DV No. :	
Mode of Payment	MDS Check Commercial Check	ADA [Others (Please	specify)	
Payee	GLOBE TELECOM, Inc.	TIN/Employee	No.:	ORS/BURS No.:	
Address	Globelines Tacloban City, Leyte			III DAT 1388A	
	Particulars	Responsibility Center	MFO/PAP	Amount	
91 27 in i An Le	TO PAYMENT of RCCRDC stpaid Plan Bill (Mobile No. 73946866) for the billing period of February 2022 to 26 March 2022 the amount of nount of Bill P300.00 ss: 5% 13.39 2% 5.36 = 18.75 st Amount Payable= P281.25	RCCRDC	30300000	281.25	
Fund:	RCCRDC	esy			
	Amount Due			281.25	
	EDUARDO O. MANGAOAN Printed Name Designation ar		10.00		
B. Accoun	Printed Name, Designation arting Entry:	d Signature of Sup	ervisor	A Countries	
B. Accoun	Printed Name, Designation ar		ervisor	Credit	
B. Accoun	Printed Name, Designation arting Entry:	d Signature of Sup	ervisor Debit	Credit	
	Printed Name, Designation arting Entry: Account Title	d Signature of Sup	ervisor Debit	Credit	
C. Certifie	Printed Name, Designation arting Entry: Account Title	UACS Code 50205020 0 D. Approved	Debit 1 for Payment		
C. Certifie	Printed Name, Designation arting Entry: Account Title d: ash available abject to Authority to Debit Account (when applicable apporting documents complete and amount claimed	UACS Code 50205020 0 D. Approved	Debit Debit Payment	E Chook Add	
C. Certifie C. Certifie St. St. Signature Printed	Printed Name, Designation arting Entry: Account Title d: ash available abject to Authority to Debit Account (when applicable apporting documents complete and amount claimed	UACS Code 50205020 0 D. Approved	Debit Tor Payment	DDA VLORO BOLLET AND TOR I STANDARD TOR I STANDARD TOR I STANDARD BOLLET	
C. Certifie Ca St St Signature Printed Name	Printed Name, Designation arting Entry: Account Title d: ash available abject to Authority to Debit Account (when applicable apporting documents complete and amount claimed proper NICK FREDDY R. BELLO	UACS Code 50205020 0 D. Approved Signature Printed Name	ervisor Debit Debit For Payment EDGAF	op/ vonto aller tor tor tor tor tor tor tor tor tor to	
C. Certifie C: C: St St Signature Printed	d: ash available abject to Authority to Debit Account (when applicable apporting documents complete and amount claimed proper	UACS Code 50205020 0 D. Approved Signature Printed Name	ervisor Debit Debit For Payment EDGAF	RDO E. TULIN	
C. Certifie C. Cs Signature Printed Name	Printed Name, Designation arting Entry: Account Title d: ash available abject to Authority to Debit Account (when applicable apporting documents complete and amount claimed proper NICK FREDDY R. BELLO Admin. Officer V	UACS Code 50205020 0 D. Approved Signature Printed Name	ervisor Debit Debit For Payment EDGAF	RDO E. TULIN	
C. Certifie Ca Su Signature Printed Name Position Date	Printed Name, Designation arting Entry: Account Title d: ash available abject to Authority to Debit Account (when applicable apporting documents complete and amount claimed proper NICK FREDDY R. BELLO Admin. Officer V Head, Accounting Unit/Authorized Representative	UACS Code 50205020 0 D. Approved Signature Printed Name Position	ervisor Debit Debit For Payment EDGAF	RDO E. TULIN resident uthorized Representative	
C. Certifie Ca Su Signature Printed Name Position Date E. Receipt	Printed Name, Designation arting Entry: Account Title d: ash available abject to Authority to Debit Account (when applicable apporting documents complete and amount claimed proper NICK FREDDY R. BELLO Admin. Officer V Head, Accounting Unit/Authorized Representative of Payment	UACS Code 50205020 0 D. Approved Signature Printed Name Position Date	ervisor Debit Debit For Payment EDGAF P Agency Head/At	RDO E. TULIN	
C. Certifie Ca Su Signature Printed Name Position Date	Printed Name, Designation are ting Entry: Account Title d: ash available abject to Authority to Debit Account (when applicable apporting documents complete and amount claimed proper NICK FREDDY R. BELLO Admin. Officer V Head, Accounting Unit/Authorized Representative of Payment Date:	UACS Code 50205020 0 D. Approved Signature Printed Name Position Date	ervisor Debit Debit For Payment EDGAF	RDO E. TULIN resident uthorized Representative	