| | _ | OBLIGATION REQU | EST AND STATUS | | No.: | MOOE 02-101101-2022 | | |
|--------------------------|--------------|-------------------------|---------------------------|--------------|--|----------------------------|-----------------------|--|
| | | VISAYAS STAT | E UNIVERSITY | | Date: | Dec. 16, 2024 | | |
| | | Visca, Baybay | y City, Leyte | | Fund: | | | |
| Paye | e: | John Miko M. Javier | | | | | | |
| Offic | e: | DOE | | | | | | |
| Addr | ess: | Visca, Baybay City, Ley | yte | | | | | |
| Responsibility Center | | | Particulars | | MFO/PAP | UACS Code / Expenditure | Amount | |
| | | Wage - Student A | sst. (Nov-Dec. 2024) | | , | | P6,000.00 | |
| | | | | Total | | | | |
| Α | Certified: | Charges to appropratio | n/allotment | B Certified: | d: Allotment available and obligated for the | | | |
| | | necessary, lawful and | under my direct supervis | | purpose/adjustment necessary as | | | |
| | | and supporting docum | ents valid, proper and le | | indicate | ed above | | |
| Signa | ature | (As) | · · | Signature | | | | |
| Printed Name | | ZYRAMAX | Printed Name | | ALICIA M. FLORES | | | |
| Position | | Head, | Position | | Head, Budget Office | | | |
| Date | | | | Date | | | | |
| С | | | STATI | JS OF OBLIGA | ATION | | | |
| | | Reference | | Amount | | | | |
| | Date | Particulars | ORS/JEV/RCI/RADA I No. | Obligation | Payment | Not Yet Due | Due and Demandable | |
| De | ec. 16, 2024 | Obligations | MOOE 02-101101-2022 | 6000.00 | | 6000.00 | | |
| | | | Totals | 6000.00 | | 6000.00 | | |
| | | | Totals | 6000.00 | | 6000.000 | | |

| | | | | | | | PM Grand Total (AM & PM) | | | 48 | |
|----|------|-------|----|--|----|---|--------------------------|------|--|----|--|
| | | | AM | | 32 | | | | | | |
| 31 | | | | | | | | | | | |
| 30 | | | | | | | | | | | |
| 29 | | | | | | | 3:30 | 7:50 | | 4 | |
| 28 | 8:00 | 12:00 | | | | 4 | | | | | |
| 27 | | | | | | | 3:30 | 7:30 | | 4 | |
| 26 | | | | | | | 3:3D | 7:30 | | 4 | |
| 25 | 8:60 | 12:00 | | | | 4 | | | | | |
| 24 | | | | | | | | | | | |
| 23 | | | | | | | | | | | |
| 22 | | | | | | | 3:30 | 7:30 | | 4 | |
| 21 | 8:00 | 15:00 | | | | 4 | | | | 1 | |
| 20 | | | | | | | 3:30 | 7:30 | | 4 | |

I HEREBY CERTIFY on my honor that the above record is a true and correct report on the hours of work performed made daily at the time of arrival(s) and at the time of departure (s).

Verified as to prescibed office hours.

Signature

In-Charge