

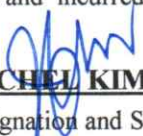


GF

Annex G

OBLIGATION REQUEST AND STATUS			No.: 02-101101-2021			
VISAYAS STATE UNIVERSITY			Date: December 27, 2021			
Visca, Baybay City, Leyte			Fund: GF			
Payee:	Dr. MA. RACHEL KIM L. AURE					
Office:	Office of the Director for Instruction and Evaluation					
Address:	Visca, Baybay City, Leyte					
Responsibility Center	Particulars	MFO/PAP	UACS Code / Expenditure	Amount		
ODIE Allotment Fund	Replenishment/ Supplies and Materials as indicated in the attached supporting papers in the amount of	301000000		4,984.60		
Total				4,984.60		
A Certified: Charges to appropriation/allotment necessary, lawful and under my direct supervision and supporting documents valid, proper and legal Signature:  Printed Name: MA. RACHEL KIM L. AURE Position: Dept. Head, CHIMB ODIE Date: _____		B Certified: Allotment available and obligated for the purpose/adjustment necessary as indicated above Signature: _____ Printed Name: ALICIA M. FLORES Position: OIC-Budget Office Head, Budget Unit/Authorized Representative Date: _____				
C STATUS OF OBLIGATION						
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
	Obligation	02-101101-2021	4,984.60		4,984.60	
		Totals				

	VISAYAS STATE UNIVERSITY Entity Name		Fund Cluster : GF	
	DISBURSEMENT VOUCHER		Date : Dec. 27, 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	Dr. MA. RACHEL KIM L. AURE		TIN/Employee No.:	ORS/BURS No.:
Address	Visca, Baybay City, Leyte			
Particulars		Responsibility Center	MFO/PAP	Amount
Replenishment supplies and materials as indicated in attached supporting papers in the amount of		ODIE Allotment Fund	301000000	4,984.60
Amount Due				4,984.60
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.				
<div style="display: flex; align-items: center; justify-content: center;">  <div> MA. RACHEL KIM L. AURE Printed Name, Designation and Signature of Supervisor </div> </div>				
B. Accounting Entry:				
Account Title		UACS Code	Debit	Credit
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
	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:	
Official Receipt No. & Date/Other Documents				Date