|                          |  |                        |                  |   | Annex (                    | G (              |  |  |  |  |
|--------------------------|--|------------------------|------------------|---|----------------------------|------------------|--|--|--|--|
|                          |  | Visas Baybay Sity Land |                  | No.: MOOE<br>Date:  | November 10, 2022          |                  |  |  |  |  |
| Payee:                   | Visca, Baybay City, Leyte  |                        |                  | Fund:   | VSU- IP- 2021-3            |                  |  |  |  |  |
| Office:                  | Gasoline Station   |                        |                  |   |                            |                  |  |  |  |  |
| Address:                 | Visca, Baybay City, Leyte  |                        |                  |   |                            |                  |  |  |  |  |
| Responsibility<br>Center |  | Particulars            |                  | MFO/PAP   | UACS Code /<br>Expenditure | Amount           |  |  |  |  |
| VSU- IP- 2021-3          | 1 Pail SPIRAX S2 G- 140 and  |                        |                  |   |                            | PhP5,200.        |  |  |  |  |
|                          | Tota   |                        |                  |   |                            | *PhP5,200.       |  |  |  |  |
| Certified: C             | charges to appropration/allotment necessary, lawful and under my direct supervision and supporting documents valid, proper and legal |                        | Certified:       | Allotment available and obligated for the purpose/adjustment necessary as indicated above |                            |                  |  |  |  |  |
| Printed Name             | ED ALLANY ALCOBER  |                        | Printed Name     |   | ALICIA M. FLORES           |                  |  |  |  |  |
| Position<br>Date         | Project Study Leader   |                        | Position<br>Date | Head, Budget Unit/Authorized Representative   |                            |                  |  |  |  |  |
|                          |  | S                      | TATUS OF OBLIG   | ATION   |                            |                  |  |  |  |  |
|                          | Reference  | Amount .               |                  |   |                            |                  |  |  |  |  |
| Date                     | Particulars  | ORS/JEV/RCI/RADAI No.  | Obligation       | Payment   | Not Yet Due                | Due and Demandab |  |  |  |  |
|                          | Obligations  |                        | PhP5,200.00      |   | PhP5,200.00                |                  |  |  |  |  |
|                          |  | Totals                 | PhP5,200.00      |   | PhP5,200.00                | 4                |  |  |  |  |

SFFD

|  | Amount Duc  |               | )                                    |              | 3,200.00    |
|--|---|---------------|--------------------------------------|--------------|-------------|
| A. Certified: Ex   | xpenses/Cash Advance necessary, le  | LLANI         | LCOBER                               | supervision. | 139         |
|  |   | Project Study | Leader                               |              |             |
| B. Accounting I  | Entry:  |               |                                      |              |             |
| Account Title  |   |               | UACS Code                            | Debit        | Credit      |
|  |   |               |                                      |              |             |
| Clowie   |   |               |                                      |              |             |
| C. Certified:  |   |               | D. Approved for                      | Payment      |             |
| Cash   | -ilabla   |               | 1                                    | ,            |             |
| Cash av  | railable  |               |                                      |              | 14          |
|  | vailable to Authority to Debit Account (when  | n applicable) |                                      |              |             |
| Subject  | to Authority to Debit Account (when   |               |                                      |              | 140         |
| Subject  |   |               |                                      |              | 14E         |
| Subject Support  | to Authority to Debit Account (when   |               |                                      |              |             |
| Subject Support proper Signature   | to Authority to Debit Account (when   | at claimed    | Signature Printed Name               |              | DO E. TULIN |
| Subject Support proper Signature   | to Authority to Debit Account (when   | et claimed    | Signature                            | EDGAR        | DO E. TULIN |
| Subject Support proper Signature Printed Name                                | to Authority to Debit Account (when   | et claimed    | Signature Printed Name               | EDGAR        |             |
| Subject Support proper Signature Printed Name Position                       | to Authority to Debit Account (when ting documents complete and amount NICK FREDDY R. BI  Head, Accounting Office         | et claimed    | Signature Printed Name Position      | EDGAR        |             |
| Subject Support proper Signature Printed Name Position Date                  | to Authority to Debit Account (when ting documents complete and amount NICK FREDDY R. BI  Head, Accounting Office         | ELLO<br>ce    | Signature Printed Name Position      | <b>EDGAR</b> | President   |
| Subject Support proper Signature Printed Name Position Date E. Receipt of Pa | to Authority to Debit Account (when ting documents complete and amoun  NICK FREDDY R. BI  Head, Accounting Office  ayment | ELLO<br>ce    | Signature Printed Name Position Date | <b>EDGAR</b> | President   |