	OBLI	GATIO	N REQUEST A	S	Serial No. :					
		THEAT	YAS STATE UNIVE		Date : March 3, 2023					
		VISA	Entity Name		Fund Cluster: 304000000					
_							-			
I	Payee	Merry J	lean B. Caparas							
(Office Institute for Strategic Research and Developm					RDS)				
A	ddress		Visayas State University, Visca, Baybay City, Leyte							
Responsibility Center		Particulars			MFO/PAP	UACS Object Code	An	ount		
BIDANI		PAYMENT- Registration Fee National Extension Conference x-x-x-x-x-x		304000000			2000.00			
				Tota				2,000.00		
						available and a				
Certified: Charges to appropriation/alloment are necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal				for the purpose/adjustment necessary as indicated above						
Signature : Muner					Signature :					
Printed N	Printed Name: LILIAN B. NUÑEZ					Printed Name: ALICIA M. FLORES				
Position : Asso. Prof/Director					Position : Admin. Officer V					
		Requesting Office/Authorized					Head, Budget Division/Unit/Authorized			
Date :		Representative		Date :						
					1					
C. STATUS OF OBLIGATION Reference Amount										
	1	Reference			T	Balance		lance		
Date	Particu	lars	ORS/JEV/Check/ ADA/TRA No.	Obligation	Payable	Payment	Not Yet Due	Due and Demandable		
				(a)	(b)	(c)	(a-b)	(D-C)		

	OBLI	GATIC	N REQUEST A	ND STATU	JS	Sarial Ma			
					Serial No. : Date : March 3, 2023				
VISAYAS STATE UNIVERSITY Entity Name					Fund Cluster: 304000000				
	Payee								
	Office	MELODINA P. EDULLANTES							
	Address	Institute	for Strategic Research	and Developme	ent Studies (ISR)	DS)			
	Address	Visayas	State University, Visc	a, Baybay City, I	Leyte UACS Object 4				
Responsibility Center					MFO/PAP	Code	An	ount	
В	BIDANI	PAY	MENT- Registration Extension Confer x-x-x-x-x-x-x	ence	30400000			2000.00	
A. Certified: Charges to appropriation/alloment are necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal Signature:					B. Cert	for the purpose/adjustment necessary as indicated above			
Printed Name: LIUIAN B. NUÑEZ				Printed Name:	ALICIA	M. FLORES			
Position : Asso. Prof/Director Head, Requesting Office/Authorized Representative Date :				Position :	Admin. Officer V Head, Budget Division/Unit/Authorized Representative				
C.				STATUS O	FOBLIGATION				
Reference						Amount	Balance		
Date	Particul	lars ORS/JEV/Check/ ADA/TRA No.	Obligation	Payable	Payment	Not Yet Due	Due and Demandable		
				(a)	(b)	(c)	(a-b)	(b-c)	

	OBLIG		N REQUEST A YAS STATE UNIVER Entity Name	Serial No. : Date : March 3, 2023 Fund Cluster : 304000000						
1	Payee	Randy C	G. Omega							
(Office		Randy G. Omega Institute for Strategic Research and Development Studies (ISRDS)							
A	ddress		State University, Visc							
Responsibility Center			Particulars		MFO/PAP	UACS Object Code	Am	ount		
BIDANI		PAYMENT- Registration Fee National Extension Conference x-x-x-x-x-x			30400000			2000.00		
				Total				2,000.00		
A. Certified: Charges to appropriation/alloment are necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal					6 Certified: Allotment available and obligated for the purpose/adjustment necessary as indicated above					
Signatur		y								
Printed Name: LILIAN B. NUÑEZ Position: Asso. Prof/Director Head, Requesting Office/Authorized Representative Date:				Printed Name: Position : Date :	Admin. Officer V Head, Budget Division/Unit/Authorized Representative					
C. STATUS OF OBLIGATION										
Reference						Amount	Balance			
Date	Particu	nlare	ORS/JEV/Check/ ADA/TRA No.	Obligation	Payable	Payment	Not Yet Due	Due and Demandable		
				(a)	(b)	(c)	(a-b)	(b-c)		

OBLIGATION REQUEST AND STATUS Serial No.: Date: March 3, 2023 VISAYAS STATE UNIVERSITY Fund Cluster: 304000000 **Entity Name** Payee SALOMA B. GISULGA Office Institute for Strategic Research and Development Studies (ISRDS) Address Visayas State University, Visca, Baybay City, Leyte UACS Object MFO/PAP Responsibility Center Particulars Amount Code BIDANI PAYMENT- Registration Fee National 304000000 2000.00 Extension Conference X-X-X-X-X-X-X 2,000.00 Total Certified: Charges to appropriation/alloment are Certified: Allotment available and obligated necessary, lawful and under my direct supervision; and for the purpose/adjustment necessary as supporting documents valid, proper and legal indicated above Signature Signature Printed Name: Printed Name: ALICIA M. FLORES Asso. Prof/Director Position Admin. Officer V Position Head, Requesting Office/Authorized Head, Budget Division/Unit/Authorized Representative Representative Date Date STATUS OF OBLIGATION Reference Amount ORS/JEV/Check/ Obligation Payable Payment Due and Date Particulars Not Yet Due ADA/TRA No. Demandable (D-C) (a-b) (b)