| Mr. | | | | | | | |
|---------------------------|--|---------------------------|--|---------------------|-----------------------------------|-----------------------|--|
| | OBLIGATION REQUE | | No.: | MOOE 02-101101-2024 | | | |
| * | VISAYAS STATE UNIVERSITY | | | Date: | Nov. 6, 2024 Faculty Dev. Fund | | |
| Visca, Baybay City, Leyte | | | | Fund: | | | |
| Payee: | Zyra May H. Centino | | | | | | |
| Office: | DOE | | | | | | |
| Address: | Visca, Baybay City, Ley | te | | | | | |
| Responsibility Center | Particulars | | | MFO/PAP | UACS Code / Expenditure | Amount | |
| | Per diem Reimbursement | | | | | P8,000.00 | |
| | | | Total | | | P8,000.00 | |
| A Certified: | Charges to appropration/allotment | | B Certified: Allotment available and obligated for the | | | | |
| | necessary, lawful and under my direct supervis | | purpose/adjustment necessary as | | | | |
| | and supporting documents valid, proper and le | | indicated above | | | | |
| Signature | (200 | 7 | Signature | | | | |
| Printed Name | ZYRA MAY H. CENTINO | | Printed Name | | ALICIA M. FLORES | | |
| Position | Head, DoEcon | | Position | | Head, Budget Office | | |
| Date | | | Date | | | | |
| С | | STATI | US OF OBLIGA | ATION | | | |
| Reference | | | Amount | | | | |
| Date | Particulars | ORS/JEV/RCI/RADA I No. | Obligation | Payment | Not Yet Due | Due and Demandable | |
| Nov. 6, 2024 | Obligations | MOOE 02-101101-2024 | 8000.00 | | 8000.00 | | |
| | | Totals | 8000.00 | | 8000.00 | | |
| | | Totals | 8000.00 | | 8000.000 | | |

I certify that (1) I have reviewed the foregoing itinerary, (2) the travel is necessary to the service,(3) the period covered is reasonable and (4) the expenses claimed are proper.

Prepared by: (Official/Employee)

Approved by: (Head of

Agency)

PROSE IVY C. YEPES
President

LILIAN B. NUNEZ

Supervisor