	VISA	YAS STATE UNIV		No.:	02-101101-2021-11			
		/isca, Baybay City, Le		Date:	Dec/10/2021			
Payee:	Vanessa W		- y to	Fund:	GF A.III.B1			
Office:	ODIE Office	uer Antonierremonne peur	Unusian sunnis ain soc					
Address:	That	THE RUNGHAMPS OF THE OW	otract of services shall be	er authors to a	where this cor	himori is		
Responsibili ty Center	a university	Particular	Woderfor the parket the	MFO/PAP	UACS Code / Expenditure	Amount		
TF-OVFAF	Dec 1 - 15	, 2021 PAYRO		100000000	5021299000	6,087.4		
A Certifi	ed: Characa	to appropration/allotment	Total	Parl Parlamenton	-34, 2024 and	6,087.4		
		wful and under my direct	B Certified:	purpose/adjustn	available and obliga nent necessary as i	ated for the indicated above.		
Signature: Printed Name: Position:	valid,proper a	nd supporting documents	A SHORO SERVICE A MONING TO THE PROPERTY OF TH	purpose/adjustn	ALICE F. FLOF	ndicated above.		
orinted Name: osition:	supervision and valid, proper a MA.RA Director, In	nd supporting documents and legal. ACHEL KIM L. AURE anstruction and Evaluation	not a some a not lesson of the part of the Hundred Francisco of security of rendend of r	purpose/adjustn	nent necessary as i	ndicated above.		
Printed Name: Position:	valid,proper a	nd supporting documents and legal. ICHEL KIM L. AURE astruction and Evaluation	STATUS OF OBLIG	purpose/adjustr	ALICE F. FLOF	ndicated above.		
Printed Name: Position:	supervision and valid, proper a MA.RA Director, In	nd supporting documents and legal. ACHEL KIM L. AURE anstruction and Evaluation	not a some a not lesson of the part of the Hundred Francisco of security of rendend of r	purpose/adjustn	ALICE F. FLOF	RES OFFICE Due and		
Printed Name: Position: Date	MA.RA Director, In	nd supporting documents and legal. ACHEL KIM L. AURE Instruction and Evaluation ence ORS/JEV/RCI/RADAI	STATUS OF OBLIG	purpose/adjustr	ALICE F. FLOF	RES OFFICE		

ODIE OFFICE

We acknowledge receipt of the sum show apposite our names as full compensation for services rendered

BHE 1:18, 3081

	Managed Street	day or No. of month Days	FUND CHARGING	GROSS AMOUNT	PAG IBIG				NE Y		
NAME	Wage/day or Wage/month				PREMIUM	MP2	Multi-Purpose Loan (MPL)	Calamity Lean (CAL)	VATINIOL BING	AMOUNT	BIGHATURE
Nazal, Vanessa W. Nazal, Vanessa W.	553.40	11.00	GF A.III.B1	6,087.40	100.00					5,987,40	
3) 4)					7-70	100				1	
5)	M MAN LOTTE				CAM DE						
	STATE OF STA	OJ R		- 11	CAM						
192.			TOTAL	6,087.40	100.00					5,987.40	

CERTIFIED: Services have been duly rendered as stated.

APPROVED FOR PAYMENT:

MA.RACHEL KIM L. AURE **EDGARDO E. TULIN** PRESIDENT

Director, Instruction and Evaluation