RODO	SEI UIILI	ZATION REQUES	17410	No.:		
	VISAY	AS STATE UNIVE	RSITY	Date:	February 23, 2022	
	Vi	isca, Baybay City, Le	yte	Fund:		
Payee:	Anthony L. I	3orneo				
Office:	HELVMU/GS	D				
Address:	VSU					
Responsibili ty Center	Particulars			MFO/PAP	UACS Code / Expenditure	Amount
	Payment of per diem		,			300.00
			Total			300.00
A Certifi	ou. Charges t	to appropration/allotment	B Certified:		nt available and obl	3
Signature: Printed Name Position: Date	necessary, law supervision an valid,proper ar	rful and under my direct d supporting documents	© 30, miles 1, miles	purpose/adjust	Alicia M. Flor HEAD, BUDGET O	indicated above.
Signature: Printed Name Position:	necessary, law supervision an valid,proper ar	rful and under my direct d supporting documents nd legal. Celso Sacro	STATUS OF OBLIG	purpose/adjusti	Alicia M. Flor	indicated above.
Signature: Printed Name Position: Date	necessary, law supervision an valid,proper ar	oful and under my direct d supporting documents nd legal. Celso Sacro Cash Division	No.	purpose/adjusti	Alicia M. Flor HEAD, BUDGET O	indicated above.
Signature: Printed Name Position: Date	necessary, law supervision an valid, proper ar	oful and under my direct d supporting documents nd legal. Celso Sacro Cash Division	No.	purpose/adjust	Alicia M. Flor HEAD, BUDGET O	indicated above.

Trip Ticket

Respectfully submitted:

ANTHONY L. BORNEO

Employee

On evidence and information of which I have knowledge, the travel was actually undertaken.

Supervisor