		/6		Annex	G		
I C	OBLIGATION REQUEST AND STATUS VISAYAS STATE UNIVERSITY Visca, Baybay City, Leyte		No.: MOOE Date:	December 6, 2021			
Payee: Office:	SU		Fund:	VSU-IP-2021-3			
Address:	Gasoline Station						
	Visca, Baybay City, Leyte						
Responsibility Center	Particulars	Particulars		UACS Code / Expenditure	Amoun		
VSU-IP-2021-3	100 Liters Diesel and 50 Liters Gasoline		1.	Experiditure	PhP8		
0 .:5	Ar Control of the Con	Total			PhP8,4		
Signature	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			
Printed Name	ED ALLAN L. COBER	Printed Name	4	ALICIA M. FLO	DRES.		
Position	Study Leader	Position	Head, Budget Unit/Authorized Representative				
Date		Date		aget Offit Authorize	eu nepresentative		
		STATUS OF OBLI	GATION				
	Reference	T	-				

Obligation

PhP8,450.00

PhP8,450.00

ORS/JEV/RCI/RADAI No.

Totals

Date

Particulars

Obligations

Amount

Not Yet Due

PhP8,450.00

PhP8,450.00

Due and Deman

Payment

A. Certified: E	expenses/Cash Advance necessary, lawful and in	urrad under 1		8,450.00
Ą	ED ALLAN L	A LCOBE R	et supervision.	
B. Accounting		ager		
	Account Title	UACS Code	Dili	
		- Code	Debit	Credit
	300			-
C. Certified:	oilekt.	D. Approved for Payment		
Supporti	to Authority to Debit Account (when applicable)	1		
proper	ng documents complete and amount claimed			
Signature	ng documents complete and amount claimed	Signature		
Signature Printed Name	ng documents complete and amount claimed	Signature Printed Name	EDGAR	
Signature	ng documents complete and amount claimed NICK FREDDY R. BELLO	Printed Name	The second second second	DO E. TULIN
Signature Printed Name Position Date	NICK FREDDY R. BELLO Head, Accounting Office	Printed Name Position	The second second second	DO E. TULIN
Signature Printed Name Position Date	NICK FREDDY R. BELLO Head, Accounting Office	Printed Name	The second second second	resident
Printed Name Position Date Receipt of Pay Check/	NICK FREDDY R. BELLO Head, Accounting Office	Printed Name Position	P	
Printed Name Position Date Check/ ADA No.: Signature:	NICK FREDDY R. BELLO Head, Accounting Office	Printed Name Position Date	P	resident