

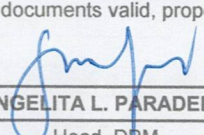
STF

Annex F

OBLIGATION REQUEST AND STATUS VISAYAS STATE UNIVERSITY Visca, Baybay City, Leyte	No.: MOOE
	Date: December 9, 2021
	Fund: 20201050.10.5.13

Payee:	ANGELITA L. PARADERO
Office:	Dept. of Business and Management
Address:	VSU

Responsibility Center	Particulars	MFO/PAP	UACS Code / Expenditure	Amount
Office name/ Center/ Project DBM	Replenishment for PhilRice Project	301000000 (Higher Ed)	50102130 01	2,682.00
Total				2,682.00

<p>A Certified: Charges to appropriation/allotment necessary, lawful and under my direct supervision and supporting documents valid, proper and legal</p> <p>Signature: </p> <p>Printed Name: ANGELITA L. PARADERO</p> <p>Position: Head, DBM</p> <p>Date: _____</p>	<p>B Certified: Allotment available and obligated for the purpose/adjustment necessary as indicated above</p> <p>Signature: _____</p> <p>Printed Name: ALICIA M.FLORES</p> <p>Position: Admin. Officer</p> <p>OIC-Head, Budget Unit/Authorized Representative</p> <p>Date: _____</p>
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C STATUS OF OBLIGATION						
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
-----	Obligations		2,682.00		2,682.00	
	Totals		2,682.00		2,682.00	

INSPECTION & ACCEPTANCE REPORT
VISAYAS STATE UNIVERSITY

Agency

Supplier: _____ IAR No. _____
 PO. NO. _____ Date _____ Invoice No. _____ Date _____ Date: 12/09/2021
 Requisitioning Office/Dept: DBM

Stock No.	Unit	Description	Quantity	Unitcost	Total
1		Printing Questionnaire			498.00
2		Printing Questionnaire			498.00
3		Printing Questionnaire			264.00
4		Printing Questionnaire			200.00
5		Printing Questionnaire			352.00
6	pcs	Paper Clip # 11	2	14	28.00
7	pcs	Pressboard Folder long	15	18	270.00
8	pcs	#X Files PB w/Tab	1	28	28.00
9		Courier Fee			200.00
10		Printing Questionnaire			344.00
					2682.00

INSPECTION

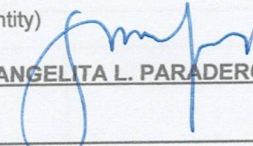
Date Inspected _____

- Inspected, verified and found OK as to quantity and specifications
- Inspected, verified and found OK as to quantity and specifications

ACCEPTANCE

Date Received: _____

Complete _____
 Partial _____
 (pls. Specify quantity)


ANGELITA L. PARADERO

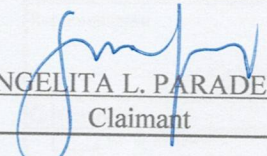
Project Use

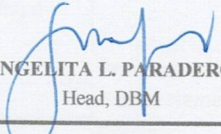
LIQUIDATION REPORT
VISAYAS STATE UNIVERSITY
 Agency

No.	
Date	December 09, 2021
	PhilRice
Responsibility Center Code	

PARTICULARS		AMOUNT
1	Printing Questionnaire	498.00
2	Printing Questionnaire	498.00
3	Printing Questionnaire	264.00
4	Printing Questionnaire	200.00
5	Printing Questionnaire	352.00
6	2 Paper Clip # 11	28.00
7	15pcs Pressboard Folder long	270.00
8	1pc #X Files PB w/Tab	28.00
9	Courier Fee	200.00
10	Printing Questionnaire	344.00
		2682.00

TOTAL AMOUNT SPENT	2,682.00
AMOUNT OF CASH ADVANCE PER DV NO. ___ DTD. ___	0.00
AMOUNT REFUNDED PER OR NO. ___ DTD. ___	
AMOUNT TO BE REIMBURSED	

A Certified: Correctness of the above data	B Certified: Purpose of travel/ cash advance duly accomplished	C Certified: Supporting documents complete and proper
 <u>ANGELITA L. PARADERO</u> Claimant	<u>MOISES NEIL V. SERIÑO</u> Immediate Supervisor	<u>NICK FREDDY R. BELLO</u> OIC, Head, Accounting Unit

VISAYAS STATE UA3:AG59NIVERSITY Entity Name			Fund Cluster :	
DISBURSEMENT VOUCHER			Date : December 09, 2021 DV No. :	
Mode of Payment	<input type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify)			
Payee	ANGELITA L. PARADERO	TIN/Employee No.:	ORS/BURS No.: 02 101101 2018	
Address	VSU			
Particulars		Responsibility Center	MFO/PAP	Amount
To replenish PhilRice project expenses.		DBM	301000000	2,682.00
Amount Due				2,682.00
A.  ANGELITA L. PARADERO Head, DBM				
B. Accounting Entry:				
Account Title		UACS Code	Debit	Credit
Replenishment			2682.00	2682.00
C. Certified:			D. Approved for Payment	
<input type="checkbox"/> Cash available <input type="checkbox"/> Subject to Authority to Debit Account (when applicable) <input type="checkbox"/> Supporting documents complete and amount claimed proper			Two thousand six hundred eighty-two pesos only.	
Signature			Signature	
Printed Name	NICK FREDDY R. BELLO		Printed Name	EDGARDO E. TULIN
Position	Head, Accounting Unit/Authorized Representative		Position	Agency Head/Authorized Representative
Date			Date	
E. Receipt of Payment				JEV No.
Check/ADA No. :	Date :	Bank Name & Account Number:		
Signature :	Date :	Printed Name: ANGELITA L. PARADERO		
Official Receipt No. & Date/Other Documents				