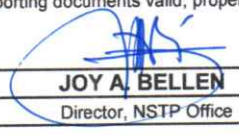


| OBLIGATION REQUEST AND STATUS | | | | No.: | | |
|--|---|------------------------|---|-----------------------|-----------------|--------------------|
| VISAYAS STATE UNIVERSITY | | | | Date: August 8, 2023 | | |
| Visca, Baybay City, Leyte | | | | Fund: NSTP Petty Cash | | |
| Payee: | JOY A. BELLEN | | | | | |
| Office: | NSTP | | | | | |
| Address: | VSU, Visca Baybay City, Leyte | | | | | |
| Responsibility Center | Particulars | MFO/PAP | UACS Code / Expenditure | Amount | | |
| NSTP | To replenishment - Petty Cash Advance of expenses incurred for the purchase of assorted office supplies | | | 3,857.75 | | |
| | Total | | | 3,857.75 | | |
| Certified: Charges to appropriation/allotment necessary, lawful and under my direct supervision and supporting documents valid, proper and legal Signature:  Printed Name: JOY A. BELLEN Position: Director, NSTP Office Date: | | | Certified Allotment available and obligated for the purpose/adjustment necessary as indicated above Signature: ALICIA M. FLORES Printed Name: ALICIA M. FLORES Position: Head, Budget Office Head, Budget Unit/Authorized Representative Date: | | | |
| STATUS OF OBLIGATION | | | | | | |
| Reference | | | Amount | | | |
| Date | Particulars | ORS/JEV/RCI/RADA I No. | Obligation | Payment | Not Yet Due | Due and Demandable |
| | Obligation | | 3,857.75 | | 3,857.75 | |
| | | | | | | |
| | Totals | | 3,857.75 | | 3,857.75 | |

| B. Accounting Entry: | | UACS Code | Debit | Credit |
|---|--|-----------------------------|---|---------|
| Account Title | | | | |
| | | | | |
| 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 | | | | |
| Signature | | Signature | | |
| Printed Name | NICK FREDDY R. BELLO | Printed Name | EDGARDO E. TULIN | |
| Position | OIC-Head, Accounting Division Head, Accounting Unit/Authorized Representative | Position | University President Agency Head/Authorized Representative | |
| Date | | Date | | |
| E. Receipt of Payment | | Bank Name & Account Number: | | JEV No. |
| Check/ | | Date : | | |