| OBLI | ON REQUEST A | Deltai 1107 . | | | | | |
|---|----------------------------------|-------------------------------|---------------|---|------------|--------------------|--------------------|
| Entity Name | | | | Date : <u>February 13, 2023</u> Fund Cluster : <u>UAF</u> | | | |
| Paves | | | | | | | |
| Office | MILESA C. MARSADO et.,al | | | | | | |
| | DEPARTMENT OF AGRONOMY | | | | | | |
| Address | VISAY | AS STATE UNIVER | SITY,BAYBAY | BAY CITY, LEYTE UACS Object | | | |
| Responsibility Center | | Particulars | MFO/PAP Code | | Amount | | |
| UAF | " JO WAGES (February 1-15, 2023) | | | | | Php 12 | ,893.10 |
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| | | | Total | | | Php 12 | 893 10 |
| A. Certified: Charges to appropriation/alloment are | | | | B. Certified: Allotment available and obligated | | | |
| necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal | | | rvision;and | for the purpose/adjustment necessary as indicated above | | | |
| Signature : | | ran | | Signature : | | | |
| Printed Name: RUTH O. ESCASINAS | | | | Printed Name: ALICIA M. FLORES | | | |
| Position : HEAD, DA | | | | Position : | | | |
| Head, Requesting Office/Authorized | | | _ | l Osidon . | Head, Budg | get Division/Unit/ | 'Authorized |
| Representativ Date : | | resentative | | | Date : | | |
| C. STATUS OF OBLIGATION | | | | | | | |
| <u></u> | Reference | Γ | | | Amount | D-1 | |
| Date Particu | lars | ORS/JEV/Check/ ADA/TRA No. | Obligation | Payable | Payment | Not Yet Due | Due and Demandable |
| | | | (a) | (b) | (c) | (a-b) | (b-c) |
| Obligat | ions | | Php 12,893.10 | | | Php 12,893.10 | ফ |
| | | Totals | Php 12,893.10 | | | Php 12,893.10 | |