| | OBLI | GATIC | ON REQUEST | AND STATI | TIS. | | | | | |
|---|----------------|---|----------------------------------|------------------|---|------------|---|--------------------|------------------|--|
| OBLIGATION REQUEST AND STATU | | | | | | Scriar IVO | | | | |
| VISAYAS STATE UNIVERSITY Entity Name | | | | | Date : July 31, 2023 Fund Cluster : 304000000 | | | | | |
| | Zatity I tunic | | 1 una Clusici . <u>304000000</u> | | | | | | | |
| Payee SALOMA B. GISULO | | | | A | | | | | | |
| | Office | Institute for Strategic Research and Development Studies (ISRDS) | | | | | | | | |
| A | Address | Visayas | State University, Viso | ca, Baybay City, | Leyte | | | | | |
| Responsibility Center | | Particulars | | | MFO/PAP | | UACS Object Code | An | Amount | |
| ISRDS BIDANI | | REIMBURSEMENT - travel (July 2023) x-x-x-x-x-x | | | 304000000 | | | | 460.00 | |
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| | | | | | | | 5 | | | |
| | | Total | | | 1 | | | 460.00 | | |
| A. Certified: Charges to appropriation/alloment are necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal | | | | | B. Certified: Allotment available and obligated for the purpose/adjustment necessary as indicated above | | | | | |
| Signature : MAN PAN | | | | Signature : | | | | | | |
| Printed Name: LILIAN B. NUÑEZ | | | | | Printed Name: | | | ALICIA M. FLORES | | |
| Position : Asso. Prof/Director Head, Requesting Office/Authoriz Representative Date : | | | ng Office/Authorized | Position : | | | Admin. Officer V Head, Budget Division/Unit/Authorized Representative | | | |
| C. | | | | STATUS OI | OBLIGA | FION | .T | | | |
| C. | R | Reference | | | Amount | | | | | |
| Date | Particul | ars | ORS/JEV/Check/ | Obligation | Payable | | Payment (c) | Bal Not Yet Due | ance Due and | |
| | | | ADA/TRA No. | (a) | (b) | | | (a-b) | Demandable (b-c) | |
| | | | | | | | | | | |