OBLIGATION REQUEST AND STATUS

No: 02-2021-12-216

	Date: 9-Dec-21							
VERSI		Fund: PCC-407						
Payee:	DEPARTM	ENT OF SCIENCE A	ND TECHNO	LOGY				
Office:								
Address:	Governmen	t Center, Candahug P	alo, Leyte					
Responsibility		Paticulars	MFO / PAP	UACS Code/	AMOUNT			
Center		raticulais	WIFO / PAP		Expenditure	ANIOUNI		
05-010-00000-04-11	PA	YMENT FOR CALIBRA	ATION	05-010-0000-04-11-01	5020399000	13,980.00		
			Total	,		13,980.00		
A Certified: Charge	to apropriation	on/ allotment	B Certified: Appropriation/Allotment available					
	100	my direct supervision	and obligated for the purpose as					
		d, proper and legal	indicated above.					
		-,, ,						
		\						
Signature			Signature			<u> </u>		
Printed Name	FRANCISCO G. GABUNADA JR.		Printed Name	NICK FREDDY R. BELLO				
Position	on Center Director, PCC		Position	OIC Head, Accounting Office				
Date			Date					
C STATUS OF OBLI	GATION							
Reference			Amount					
Date	Particulars	ORS/JEV/RCI No.	Obligation	Payment	Not Yet Due	Due and Demandle		
09-Dec-21	Obligation	02-2021-12-216	13,980.00			13,980.00		
1	I	TOTALS	13 980 00	13 980 00				

						Appenaix 32			
TERST.	VISAYAS ST Visca B	Fund Cluster:							
	Date: 9-Dec-21 DV No. : 2021-243								
Mode of Payment	MDS Check Commercial Check ADA Others (Please specify)								
Payee	DEPARTMENT OF SCIE TECHNOLOGY		TIN/Employee	ORS/BURS No.: 02-2021-12-216					
Address	Government Center, Candahug	Palo, Leyte							
Particulars			Responsibility Center MFO/		MFO/PAP	Amount			
Payment of Calibration as per supporting papers hereto attached in the amount of			05-010-00000-04-11		05-010-00000-04-11-01	13,980.00			
	Amount Due					13,980.00			
A. Certified:	Expenses/Cash Advance necessary, law	ful and incur	red under	my direct sup	ervision.				
FRANCISCO G. GABUNADA JR. PCC-VSU Center Chief									
B. Accountin									
	Account Title			UACS Code Debit		Credit			
c					,				
C. Certified:				D. Approved for Payment					
Cash a	vailable t to Authority to Debit Account (when ap ting documents complete and amount cla			13,980.00					
Signature	ignature			Signature					
Printed Name	NICK FREDDY R. BELLO			Printed Name	EDGARDO E. TULIN				
Position	sition OIC Head, Accounting Office Head, Accounting Unit/Authorized Representative			Position		President norized Representative			
Date				Date		3			
E. Receipt of	f Payment			L		JEV No.			
Check/ ADA No. :		Date :		Bank Name &	k Name & Account Number:				
Signature : Official Receip				Printed Name	Date				