JEV No.

Date

Bank Name & Account Number:

Printed Name: Globe Telecomm,

						GF	Annex	
C	BLIGAT VIS	SAYAS S	TUS	No.: MOOE- 02-101101-2022-04 Date: April 25, 2022				
Payee:	GLOBE	TELEC	Baybay City, Leyte		Fund:			
Office:	Globe T	elecom	JIVI, IIIC.		AND DE			
Address:			City, Leyte					
Responsibility	CIODCIIIIC	s, racionari						
Center			Particulars		MFO/PAP	UACS Code / Expenditure	Amount	
RCCRDC	Com 09167	municatio 316446, Ad	n Expense- GLOBE POSTPA cct #: 1014768675_27 FEBR MARCH 2022	ND PLAN BILL UARY 2022- 26	303000000	50205020 01	300.00	
				Total			300.00	
Signature Printed Name	and support	lawful and un	der my direct supervision ts valid, proper and legal	B Certified: Signature Printed Name	Allotment available and obligated for the purpose/adjustment necessary as indicated above			
Position			O. MANGAOANG		ALICIA M. FLORES			
			tor & Professor CRDC/ CFES	Position	Admin. Officer III			
Date		INC	CRDC/ CFES	-	Head, Budget Unit/Authorized Representative			
С			STATI	S OF OBLIGATION	201			
		Reference	SIATO	S OF OBLIGATION				
Date		iculars			Amount			
Dale		SATION	ORS/JEV/RCI/RADAI No. 02-101101-2022-04	Obligation	Payment	Not Yet Due	Due and Demandable	
			02-101101-2022-04	300.00		300.00		
			Totals	300.00		300.00		
	Subj		rity to Debit Account (when applicab ments complete and amount claimed	le)		230.03		
32.0	Signature		dasavuad si	Signature	MITOTAL			
	Printed Name		NICK FREDDY R. BELLO	Printed Name	EDGARDO E. TULIN			
	Position	Head, Acc	Admin. Officer V counting Unit/Authorized Representation	tive	President Agency Head/Authorized Representative			
	Date	XX =	pareviloutoarit	Date	Number of nours (und			

Official Receipt No. & Date/Other Documents

E. Receipt of Payment
Check/

ADA No.:

Signature:

Date:

Date:



VISAYAS STATE UNIVERSITY

Visca, Baybay City, Leyte, Philippines

Fund Cluster:

Date: 4/25/2022

	Mode of								
	Payment	MDS Check Commercial (ACCOMPLISH	Others (Please	specify)				
	Payee	GLOBE TELECOM, Inc.	TIN/Employee	No.:	ORS/BURS No.:				
	Address	ldress Globelines Tacloban City, Leyte							
W		Particulars	Responsibility Center	MFO/PAP	Amount				
	09	TO PAYMENT of RCCRDC estpaid Plan Bill (Mobile No. 167316446) for the billing period of February 2022 to 26 March 2022	RCCRDC To Not the Control of the Con	303000000	281.25 102 5/100 15/betagge 9/				
	in An	the amount of	occi etuqtuQlesiili	foA e	Specific Date				
		DIV I = 1000/18.75 A200 to aquis	and edit video o	Gather	nuary 31, 2022				
	Fund:	Amount Payable= P281.25	and edit video o	Gathe	brushy 2, 2022				
		Amount Due	a wideo clips	60 169	281.25				
		Amount Due			201.20				
	A. Certifie	d: Expenses/Cash Advance necessary, Jamul a		CRDC)					
		d: Expenses/Cash Advance necessary, James and a EDUARDO O. MAN Printed Name, Design	nd incurred under my dire	CRDC)	bruary 4, 2622				
	A. Certifie B. Accoun	d: Expenses/Cash Advance necessary, lambul a EDUARDO O. MAN Printed Name, Design ting Entry:	nd incurred under my director (RC) ation and Signature of Sup	CRDC) pervisor	bruary 4, 2022				
		d: Expenses/Cash Advance necessary, James and a EDUARDO O. MAN Printed Name, Design	nd incurred under my dire	CRDC) pervisor e Debit					
	B. Accoun	d: Expenses/Cash Advance necessary, lawful a EDUARDO O. MAN Printed Name, Design ting Entry: Account Title	ANG, Director (RC) ation and Signature of Sup UACS Cod 50205020	CRDC) pervisor e Debit 01	bruary 4, 2022				
	B. Accoun	d: Expenses/Cash Advance necessary, lawful a EDUARDO O. MAN Printed Name, Design ting Entry: Account Title	ANG, Director (RC) ation and Signature of Sup UACS Cod 50205020	CRDC) pervisor e Debit	bruary 4, 2022				
	B. Accoun	d: Expenses/Cash Advance necessary, land a EDUARDO O. MAN Printed Name, Design ting Entry: Account Title	UACS Cod 50205020 D. Approved	CRDC) pervisor e Debit 01	bruary 4, 2022				
	B. Accoun	d: Expenses/Cash Advance necessary, EDUARDO O. MAN Printed Name, Design ting Entry: Account Title d: ash available abject to Authority to Debit Account (when app apporting documents complete and amount claim proper	UACS Cod 50205020 D. Approved	CRDC) pervisor e Debit 01	bruary 4, 2022				
	B. Accoun C. Certifie C. St St Signature Printed	d: Expenses/Cash Advance necessary, Educated a EDUARDO O. MAN Printed Name, Design ting Entry: Account Title d: ash available abject to Authority to Debit Account (when app apporting documents complete and amount claim proper	UACS Cod 50205020 D. Approved	cRDC) pervisor e Debit 01 for Payment	Credit				
	B. Accoun C. Certifie C. Su Signature Printed Name	d: Expenses/Cash Advance necessary, partial a EDUARDO O. MAN Printed Name, Design ting Entry: Account Title d: ash available abject to Authority to Debit Account (when approper apporting documents complete and amount claim proper	UACS Cod 50205020 D. Approved licable) med Signature Printed Name	CRDC) pervisor Debit O1 for Payment EDGAI	bruary 4, 2022				
	B. Accoun C. Certifie C. St St Signature Printed	d: Expenses/Cash Advance necessary, Educated a EDUARDO O. MAN Printed Name, Design ting Entry: Account Title d: ash available abject to Authority to Debit Account (when app apporting documents complete and amount claim proper	UACS Cod 50205020 D. Approved licable) med Signature Printed Name	ccrDC) pervisor e Debit 01 for Payment EDGAI	Credit RDO E. TULIN				
	B. Accoun C. Certifie C. Su Signature Printed Name	d: Expenses/Cash Advance necessary, partial a EDUARDO O. MAN Printed Name, Design ting Entry: Account Title d: ash available abject to Authority to Debit Account (when approper apporting documents complete and amount claim proper NICK FREDDY R. BELLO Admin. Officer V	UACS Cod 50205020 D. Approved licable) med Signature Printed Name	ccrDC) pervisor e Debit 01 for Payment EDGAI	Credit Credit RDO E. TULIN President uthorized Representation				
	B. Accoun C. Certifie C. Su Signature Printed Name Position Date	d: Expenses/Cash Advance necessary, Partial at EDUARDO O. MAN Printed Name, Design ting Entry: Account Title d: ash available abject to Authority to Debit Account (when approper apporting documents complete and amount claim proper NICK FREDDY R. BELLO Admin. Officer V Head, Accounting Unit/Authorized Representations of the complete and amount claim proper	UACS Code 50205020 D. Approved Signature Signature Printed Name Position Date	crDC) pervisor e Debit 01 for Payment EDGAI Agency Head/Au	Credit Credit RDO E. TULIN President uthorized Representat				
	B. Accoun C. Certifie C. Su Signature Printed Name Position Date	d: Expenses/Cash Advance necessary, Partial and EDUARDO O. MAN Printed Name, Design ting Entry: Account Title d: Account Title d: Account Title d: Account Title NICK FREDDY R. BELLO Admin. Officer V Head, Accounting Unit/Authorized Repressary. of Payment Date:	UACS Code 50205020 D. Approved Signature Signature Printed Name Position Date	CRDC) pervisor e Debit 01 for Payment EDGAI Agency Head/Au	Credit Credit RDO E. TULIN President uthorized Representation				

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