OBLIGATION REQUEST AND STATUS Serial No. : Date: March 23, 2023 VISAYAS STATE UNIVERSITY Fund Cluster: 301000000 **Entity Name** Payee Elizabeth Mwangi Office Institute for Strategic Research and Development Studies (ISRDS) Address Visayas State University, Visca, Baybay City, Leyte UACS Object MFO/PAP Responsibility Center Particulars Amount Code ISRDS Payment-Honorarium as speaker 301000000 5021199000 5000.00 X-X-X-X-X-X 5,000.00 Total Certified: Charges to appropriation/alloment are Certified: Allotment available and obligated necessary, lawful and under my direct supervision; and for the purpose/adjustment necessary as supporting documents valid, proper and legal indicated above Signature Signature ALICIA M. FLORES LILIAN B. NUÑEZ Printed Name: Printed Name: Position Admin. Officer V Asso. Prof/Director Position Head, Requesting Office/Authorized Head, Budget Division/Unit/Authorized Representative Representative Date Date STATUS OF OBLIGATION Amount Reference Balance ORS/JEV/Check/ Payable Obligation Payment Due and Date Particulars Not Yet Due ADA/TRA No. Demandable (D-C) (b)

VISAYAS STATE UNIVERSITY Entity Name DISBURSEMENT VOUCHER					Fund Cluster :
Mode of Payment MDS Check Commercial Check ADA Others (Please specify)					
Payee	Elizabeth Mwangi		TIN/Employee No.:		ORS/BURS No.:
Address	Kenya				
Particulars		R	Lesponsibility Center	MFO/PAP	Amount
To. PAYMENT of honorarium as Lecturer of the webinar on "Exploring Initiatives in Solving Water and Sanitation Crisis" on March 22, 2023 via zoom platform in the amount of		ater and platform	ISRDS		5000.00
Amount Due					5,000.00
Asso. Prof./Dir Printed Name, Designation and Sig B. Accounting Entry: Account Title			uACS Code		Credit
C. Certified: Cash available Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed proper					
Signature	5 1		Signature		
Printed Name	NICK FREDDY R. BELLO		Printed Name	EDGARDO E. TULIN	
Position	Position Accountant II		Position	President Agency Head/Authorized Representative	
Date	Head, Accounting Unit/Authorized Representative		Date	Agency Head/At	mnorized Representative
E. Receipt of Payment		JEV No.		JEV No.	
Check/ ADA No.:	Date :		Bank Name & Account Number:		
Signature :	Elizabeth Mwangi ipt No. & Date/Other Documents		Printed Name:		Date