
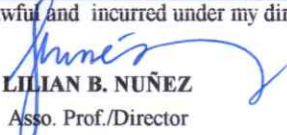


OBLIGATION REQUEST AND STATUS				Serial No. : _____		
VISAYAS STATE UNIVERSITY Entity Name				Date : March 23, 2023		
				Fund Cluster : 301000000		
Payee	Jennife Borong					
Office	Institute for Strategic Research and Development Studies (ISRDS)					
Address	Visayas State University, Visca, Baybay City,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

VISAYAS STATE UNIVERSITY Entity Name DISBURSEMENT VOUCHER		Fund Cluster : 301000000 Date : March 23, 2023 DV No. :	
Mode of Payment	<input type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify)		
Payee	Jennife Borong	TIN/Employee No.:	ORS/BURS No.:
Address	Netherlands		
Particulars		Responsibility Center	MFO/PAP
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		ISRDS	5000.00
Amount Due			5,000.00
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. <div style="text-align: center;">  LILIAN B. NUÑEZ Asso. Prof./Director Printed Name, Designation and Signature of Supervisor </div>			
B. Accounting Entry:			
Account Title		UACS Code	Debit
			Credit
C. Certified:		D. Approved for Payment	
<input type="checkbox"/> Cash available <input type="checkbox"/> Subject to Authority to Debit Account (when applicable) <input type="checkbox"/> Supporting documents complete and amount claimed proper			
Signature		Signature	
Printed Name	NICK FREDDY R. BELLO	Printed Name	EDGARDO E. TULIN
Position	Accountant II Head, Accounting Unit/Authorized Representative	Position	President Agency Head/Authorized Representative
Date		Date	
E. Receipt of Payment			JEV No.
Check/ ADA No. :	Date :	Bank Name & Account Number:	
Signature :	Jennife Borong	Date :	Printed Name:
Official Receipt No. & Date/Other Documents			Date