OB	LIGATION	RE	THE PERSON NAMED IN		GF-02-101101	-2022-10
VISAYAS STATE UNIVERSITY				Date:	October 26, 2022	
	Visc	a, Baybay City, Leyte		Fund:	VSU IP 2021.9	)
Payee						
Office:	ITEEM			jurusoisce aubervisor		
Address:	VSU, BAYBAY CITY, LEYTE			AMMERICA CO.	LOGOS	
Responsibility Center	III III	Particulars		MFO/PAP	UACS Code / Expenditure	Amount
Uset ab	Liquidation pre-travel of expenses October 19-20, 2022			receipts. An	that I am foll	3,350.00
	TOTA					3,350.00
A Certified	Charges to appl	ropration/allotment	TOTAL R	llotment available	e and obligated fo	
	necessary, lav	ropration/allotment vful and under my direct and supporting documents and legal.	B Certified: A	purpose/adjustm	e and obligated for	or the ndicated above.
A Certified  Signature: Printed Name: Position:	necessary, law supervision ar valid,proper ar	wful and under my direct and supporting documents	B Certified: A	purpose/adjustm	nent necessary as in	or the indicated above.
Signature:	necessary, law supervision ar valid,proper ar	oful and under my direct and supporting documents and legal.  A D. ESPINOSA	B Certified: Al Signature: Printed Name: Position:	purpose/adjustm	nent necessary as in	or the indicated above.
Signature: Printed Name: Position:	necessary, lav supervision ar valid,proper ar	A D. ESPINOSA Director	B Certified: All Signature: Printed Name: Position:	purpose/adjustm	ALICIA M. FLO	or the indicated above.
Signature: Printed Name: Position:	necessary, law supervision ar valid,proper ar	A D. ESPINOSA Director	B Certified: Al Signature: Printed Name: Position:	purpose/adjustm	ALICIA M. FLO	or the indicated above.
Signature: Printed Name: Position:	necessary, lav supervision ar valid,proper ar	A D. ESPINOSA Director	B Certified: Al Signature: Printed Name: Position:	purpose/adjustm	ALICIA M. FLO	or the indicated above.
Signature: Printed Name: Position:  Date  C	necessary, lav supervision ar valid,proper ar	A D. ESPINOSA Director Lohn has not supporting documents and legal.	Signature: Printed Name: Position:  Date  STATUS OF OBLIGA	purpose/adjustm	ALICIA M. FLO	DRES DEFICE

TOTAL AMOUNT SPENT	Php 11,000.00
AMOUNT OF CASH ADVANCE PER DV NO.	Php 7,650.00
AMOUNT REFUNDED PER OR NO.	Php -
AMOUNT TO BE REIMBURSED / COLLECTIBLE	Php 3,350.00
[A] Certified correctness of [B] Certified purpose of travel the documents above data cash advance duly accomplished	[C] Certified supporting complete and proper
JIMMY O POGOSA ELIZA D. ESPINOSA MINIMANTE Supervisor 10	OIC Head, Accounting Office