					_			
OBLIGATION REQUEST AND STATUS						No.: MOOE	02-101101-20	22-01
VISAYAS STATE UNIVERSITY				Date:		Date:	January 24, 2022	
Visca, Baybay City, Leyte				Fund:		Fund:		
Payee:	INNOVE COMMUNICATIONS, INC							
Office:	Globelines Telecomm							
Address:								
Responsibility Center		Particulars				MFO/PAP	UACS Code / Expenditure	Amount
RCCRDC		PAYMENT OF RCCRDC'S GLOBE TELEPHONE BILL, 16 DECEMBER 2021- 15 JANUARY 2022			303000000	50205020 02	1,599.00	
				Total				1,599.00
A Certified:	Charges to appropration/allotment		В	Certified	1:	Allotment available and obligated for the		
	necessary, lawful and unde	r my direct supervision	_		purpose/adjustment necessary as indicated above		iry as	
	and supporting documents	valid, proper and legal						
Signature	- Muy		Signature					
Printed Name	EDUARDO O. MANGAOANG		Printed Name		ALICIA M. FLORES			
Position			Posi	tion		Admin. Officer III		
			Head, Bude		get Unit/Authorized Representative			
Date			Date					
С		STATU	S OF OBLIGATION					
Reference			_	Amount				
Date	Particulars	ORS/JEV/RCI/RADAI No.	,	Obligation		Payment	Not Yet Due	Due and Demandable
,	OBLIGATION	02-101101-2022-01		1,599.00			1,599.00	
		Totals		1,599.00			1,599.00	

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## VISAYAS STATE UNIVERSITY

Fund Cluster	:
D : 1/0//04	

1	Visca, Baybay Ci	ty, Leyte, Philippi	nes			
DISBURSEMENT VOUCHER					Date : 1/26/21 DV No. :	
Mode of Payment	MDS Check Com	mercial Check	ADA	Others (Please	specify)	
Payee	INNOVE COMMUNICATIONS, I	NC.	TIN/Employee	No.:	ORS/BURS No.:	
Address	Globelines Tacloban City, Leyte					
	Particulars		Responsibility Center	MFO/PAP	Amount	
(Te Dec 202 Am Les	TO PAYMENT of Telephone Bill No. 563-7616) for the billing periodetember 16, 2021 to January 15, 2 in the amount of	d	RCCRDC	30300000	1,499.06	
A. Certified	Amount Due  Expenses/Cash Advance necessary	1-2011	red under my direc		1,499.06	
B Account	Printed Name		G, Director (RCC Signature of Supe			
B. Accounti	ng Entry:  Account Title		UACS Code	Debit	Credit	
	/teeduit Hite		Orics code	Debit	Credit	
C. Certified			D. Approved f	for Payment		
Cas	th available  bject to Authority to Debit Account (w  porting documents complete and amo  poper					
Signature			Signature			
Printed Name	NICK FREDDY R. BELLO		Printed Name	EDGARDO E. TULIN		
Position	Admin. Officer V		Position	President		
	Head, Accounting Unit/Authorized Representative		Fosition	Agency Head/Authorized Representative		
Date			Date			
E. Receipt of	f Payment				JEV No.	
Check/ ADA No.:		Date :	Bank Name & A	Account Number:		
Signature :	I	Date :	Printed Name: 1	Innove Comm., Inc.	Date	
Official Rece	ipt No. & Date/Other Documents		_		1	