

OBLIGATION REQUEST AND STATUS

Serial No. : _____

Date : 3/17/2023

Fund Cluster : _____

Entity Name

Payee

VSU FUEL STATION

Office

Address

VSU, Baybay City, Leyte

Responsibility
Center

Particulars

MFO/PAP

UACS Object
Code

Amount

EFARMI.A.III.C

For the payment of 30 liters of gasoline
as per papers attached in the amount
of....

2,070.00

Total

2,070

A.

Certified: Charges to appropriation/allotment are necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal

Signature : Printed Name: JEROME O. ARRIBADOPosition : Director, ECO-FARMI

Date : _____

B.

Certified: Allotment available and obligated for the purpose/adjustment necessary as indicated above

Signature _____

Printed Name: ALICIA M. FLORES

Position _____

Date _____ Representative

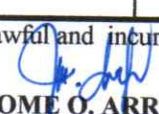
C.

STATUS OF OBLIGATION

Reference

Amount

Date	Particulars	ORS/JEV/Check/ ADA/TRA No.	Obligation	Payable	Payment	Balance	
						Not Yet Due	Due and Demandable
			(a)	(b)	(c)	(a-b)	(b-c)

VISAYAS STATE UNIVERSITY Entity Name			Fund Cluster :	
DISBURSEMENT VOUCHER			Date : 3/17/2023 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	VSU FUEL STATION	TIN/Employee No.:	ORS/BURS No.:	
Address	VSU, Visca, Baybay City, Leyte			
Particulars		Responsibility	MFO/PAP	Amount
For the payment of 30 liters of gasoline as per papers attached in the amount of....		EFARMI.A.III.C		2,070.00
Amount Due				2,070.00
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.				
 JEROME O. ARRIBADO Director, Eco-FARMI				
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	ALICIA M. FLORES	Printed Name	EDGARDO E. TULIN	
Position	Head, Budget Office 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 :	VSU FUEL STATION	Date :	Printed Name:	
Official Receipt No. & Date/Other Documents				Date


REQUISITION AND ISSUE SLIP

VISAYAS STATE UNIVERSITY
AGENCY

DIVISION :	RESPONSIBILITY CENTER	RIS NO.	DATE 3/17/2023
OFFICE Eco-FARMI	CODE	SAI NO.	DATE

REQUISITION			ISSUANCE			
Stock Number	UNIT	DESCRIPTION	QTY.	UNIT PRICE	TOTAL VALUE	BALANCE
1	liters	Gasoline	30	69.00	2,070.00	
Charged to: EFARMI.A.III.C						
CERTIFIED as to the availability of of appropriation in the amount of P_____ within 45 days period.						
ALICIA M. FLORES Head, Budget Office						
TOTAL					2,070.00	

PURPOSE: For grsscutter & shredder use.

SIGNATURE NAME DESIGNATION DATE	REQUESTED BY	APPROVED BY	ISSUED BY	RECEIVED BY
				
	JEROME O. ARRIBADO	EDGARDO E. TULIN		
	Director, ECO-FARMI	President		
	3/17/2023			