Annex F

OBI	LIGATION	I REQUEST AND	DSTATUS	No.:	GE-02-101101	-2022-12			
		S STATE UNIVERS	Date:	GF-02-101101-2022-12					
		ca, Baybay City, Leyte	Fund:	December 6, 2022					
Payee	1	KAREN D. GUNDE							
Office:	ITEEM								
Address:		VSU, BAYBAY CITY, LEYTE							
Responsibility Center		Particulars	MFO/P/		UACS Code / Expenditure	Amount			
	Payment ser	vices/wages December	1-29, 2022			14,720.00			
			TOTAL			14,720.0			
A Certified:			B Certified: Allotment available and obligated for the						
A Certified:	Charges to app	ropration/allotment	B Certified:	Allotment availab	ie and obligated to	rule			
A Certified:	necessary, law supervision ar	wful and under my direct and supporting documents	B Certified:		nent necessary as ir				
A Certified:	necessary, law supervision ar valid,proper ar	wful and under my direct and supporting documents and legal.	B Certified:	purpose/adjustn	nent necessary as ir	ndicated above.			
Signature: Printed Name:	necessary, law supervision ar valid,proper ar	wful and under my direct and supporting documents		purpose/adjustn		ndicated above.			
Signature: Printed Name: Position:	necessary, law supervision ar valid,proper ar	wful and under my direct and supporting documents and legal. A D. ESPINOSA	Signature: Printed Name: Position:	purpose/adjustn	nent necessary as in	ndicated above.			
Signature: Printed Name: Position: Date	necessary, law supervision ar valid,proper ar	wful and under my direct and supporting documents and legal. A D. ESPINOSA	Signature: Printed Name: Position: Date	purpose/adjustn	nent necessary as in	ndicated above.			
Signature: Printed Name:	necessary, law supervision ar valid,proper ar	wful and under my direct and supporting documents and legal. A D. ESPINOSA Director	Signature: Printed Name: Position:	purpose/adjustn	ALICIA M. FLO HEAD, BUDGET O	ndicated above.			
Signature: Printed Name: Position: Date	necessary, law supervision ar valid,proper an	wful and under my direct and supporting documents and legal. A D. ESPINOSA Director	Signature: Printed Name: Position: Date STATUS OF OBLIG	purpose/adjustn	ALICIA M. FLO HEAD, BUDGET O	ndicated above.			
Signature: Printed Name: Position: Date C	necessary, law supervision ar valid, proper an ELIZ	wful and under my direct and supporting documents and legal. A D. ESPINOSA Director	Signature: Printed Name: Position: Date STATUS OF OBLIG	ATION Amou	ALICIA M. FLO HEAD, BUDGET O	RES FFICE Due and			

OIC HEAD,

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26	8:00	12:00	feed.	ססין	5:00	10
27	Q'00	200	234.	100	5:00	13
28	8:00	5:00	2.30	100	2:00	24
29	8:00	12:00	L .	100	₹i00	V.
30			120			N
31						
TOTAL	24					è

Certified Correct:

MARLITO M. BANDE