

LIGATION REQUEST AND STATUS

VISAYAS STATE UNIVERSITY

Visca, Baybay City, Leyte

VSU FUEL STATION

No.: MOOE 02-101101-2021-02

Date: February 3, 2021

Fund: CC7.CFES..1718

Office:				
Address:	VSU Lower Campus, VISCA, BAYBAY CITY, LEYTE			
Responsibility Center	Particulars	MFO/PAP	UACS Code / Expenditure	Amount
RCCRDC	To PAYMENT 20 Liters Diesel	303000000	50203090 00	1,040.00
Total				1,040.00

Certified: Charges to appropriation/allotment necessary, lawful and under my direct supervision and supporting documents valid, proper and legal	Certified: Allotment available and obligated for the purpose/adjustment necessary as indicated above
Signature Printed Name Position Date	Signature Printed Name Position Date
 EDUARDO O. MANGAOANG Director, Instructor RCCRDC, CFES	 ALICIA M. FLORES Admin. Officer III Head, Budget Office


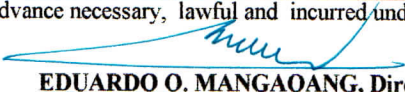
STATUS OF OBLIGATION						
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
	OBLIGATION	02-101101-2021-02	1,040.00		1,040.00	
	Totals		1,040.00		1,040.00	

INSTRUCTIONS: Drivers shall fill in this part properly. Drivers are accountable for and are responsible for reporting any vehicle damage, defects and accidents immediately

Trip Ticket Issued/Received	Vehicle Condition (Before Travel)	Fuel & Lubricant Issued/Used	Departure/ Time Out	Odometer/Mileage Out
Date Returned	Vehicle Condition (After Travel)	Fuel & Lubricant Balanced	Arrival/ Time In	Odometer/Mileage In

Was the passenger/s following the call time & location?	Was there any purchased of fuel/lubricant outside VSU Campus?	Was the vehicle involved in accident or damaged while in your custody?	Was the vehicle used other than official government business?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (Specify) <input type="checkbox"/> No	<input type="checkbox"/> Yes (Specify) <input type="checkbox"/> No	<input type="checkbox"/> Yes (Specify) <input type="checkbox"/> No

Driver's Name & Signature	Filled in by the Head of Party or Requesting Party	
This vehicle will be used for official government business only. I have reviewed and complied with rules & regulations regarding the use of Government-Owned Vehicle.	Service Satisfaction	Driver's OVER ALL RATING
	<input type="checkbox"/> 1. Not Satisfied <input type="checkbox"/> 2. Slightly Satisfied <input type="checkbox"/> 3. Moderately Satisfied <input type="checkbox"/> 4. Very Satisfied <input type="checkbox"/> 5. Extremely Satisfied	<input type="checkbox"/> 1. - Poor <input type="checkbox"/> 2. - Fair <input type="checkbox"/> 3. - Good <input type="checkbox"/> 4. - Very Good <input type="checkbox"/> 5. - Excellent
SIGNATURE OVER PRINTED NAME	Name and Signature	Comments & Suggestions

 VISAYAS STATE UNIVERSITY Visca, Baybay City, Leyte, Philippines		Fund Cluster :	
		RCCRDC.OC.2022	
DISBURSEMENT VOUCHER		Date : 1/11/2022	
		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	Visayas State University, Visca, Baybay, Leyte		
Particulars		Responsibility Center	Amount
To PAYMENT for 20 liters of DIESEL and as per supporting papers attached in the total amount of...		RCCRDC	1,040.00
Amount Due			1,040.00
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.  EDUARDO O. MANGAOANG, Director (RCCRDC) Printed Name, Designation and Signature of Supervisor			
B. Accounting Entry:			
Account Title		UACS Code	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	ERLINDA S. ESGUERRA	Printed Name	EDGARDO E. TULIN
Position	Admin. Officer V	Position	President
	Head, Accounting Unit/Authorized Representative		Agency Head/Authorized Representative
Date		Date	
E. Receipt of Payment			JEV No.
Check/ADA No. :	Date :	Bank Name & Account Number:	
Signature :	Date :	Printed Name: VSU Fuel Station	Date
Official Receipt No. & Date/Other Documents			