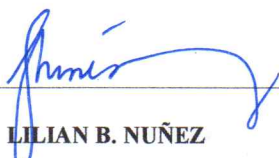


| <b>OBLIGATION REQUEST AND STATUS</b>    |  |                           |                  | Serial No. : _____   |         |                |                    |
|---|--|---------------------------|------------------|--|---------|----------------|--------------------|
| VISAYAS STATE UNIVERSITY<br>Entity Name |  |                           |                  | Date : December 16, 2024   |         |                |                    |
|   |  |                           |                  | Fund Cluster : 304000000   |         |                |                    |
| Payee                                   | <b>SALOMA B. GISULGA</b>   |                           |                  |  |         |                |                    |
| Office                                  | Institute for Strategic Research and Development Studies (ISRDS)   |                           |                  |  |         |                |                    |
| Address                                 | Visayas State University, Visca, Baybay City, Leyte  |                           |                  |  |         |                |                    |
| Responsibility Center                   | Particulars  | MFO/PAP                   | UACS Object Code | Amount   |         |                |                    |
| ISRDS BIDANI                            | REIMBURSEMENT - travel<br>(December, 2024)<br>X-X-X-X-   |                           | 50201010 00      | 320.00   |         |                |                    |
| Total                                   |  |                           |                  | 320.00   |         |                |                    |
| A.                                      | <b>Certified:</b> Charges to appropriation/allotment are necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal<br><br>Signature : <br>Printed Name: <b>LILIAN B. NUÑEZ</b><br>Position : Asso. Prof/Director<br>Head, Requesting Office/Authorized Representative<br>Date : _____ |                           | B.               | <b>Certified:</b> Allotment available and obligated for the purpose/adjustment necessary as indicated above<br><br>Signature : _____<br>Printed Name: <b>ALICIA M. FLORES</b><br>Position : Admin. Officer V<br>Head, Budget Division/Unit/Authorized Representative<br>Date : _____ |         |                |                    |
| C.                                      | <b>STATUS OF OBLIGATION</b>  |                           |                  |  |         |                |                    |
| <b>Reference</b>                        |  |                           | <b>Amount</b>    |  |         |                |                    |
| Date                                    | Particulars  | ORS/JEV/Check/ADA/TRA No. | Obligation       | Payable  | Payment | <b>Balance</b> |                    |
|   |  |                           |                  |  |         | Not Yet Due    | Due and Demandable |
|   |  |                           | (a)              | (b)  | (c)     | (a-b)          | (b-c)              |
|   |  |                           |                  |  |         |                |                    |