Office: VSUIHS Address: Visca, Baybay City, Leyte Responsibility Center STF-VSUIHS PAYMENT for the Rice seeds (for the planting of rice) 222CS in the amount of Rice seeds: 35 kg @ 36/kilo Total A. Certified: Charges to appropration/allotment necessary, lawful and under my direct supervision and supporting documents valid, proper and legal Signature Printed Name Position Principal Date SHALOM GRACE C. SUGANO Printed Name Position Printed Name Printed Name Printed Name Position Printed Name Position OIC Head, Budget Off Head, Budget Unit/Authorized Representative Date C. STATUS OF OBLIBGATION REFERENCE Amount Date Date	Annex							
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Payee: Office: VSUIHS Address: Visca, Baybay City, Leyte Responsibility Center STF-VSUIHS ACERTIFICATION PAYMENT for the Rice seeds (for the planting of rice) 222CS in the amount of Rice seeds: 35 kg @ 36/kilo A. Certified: Charges to appropration/allotment necessary, lawful and under my direct supervision and supporting documents valid, proper and legal Signature Printed Name Position Principal Position OIC Head, Budget Off Date Total A. Certified: Signature Printed Name Position Principal Position OIC Head, Budget Off Date Terms STATUS OF OBLIBGATION REFERENCE Amount Not Yet Due Due an Demand Obligation Payment Not Yet Due Due an Demand Demand Obligation Obligation 1,260.00 1,260.00 1,260.00	0 000 000000000000000000000000000000000			Date:	12/14/2021			
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Center PARTICULARS MFO/PAP Expenditure Amount	Address:	Visca, Baybay City, Le	eyte					
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C. STATUS OF OBLIBGATION REFERENCE Amount Date Particulars ORS/JEV/RCI/RADAI No. Obligation Payment Not Yet Due Demand Obligation 1,260.00 1,260.00		Principal Position OIC Head, Budget C		, Budget Office				
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REFERENCE Amount Date Particulars ORS/JEV/RCI/RADAI No. Obligation Payment Not Yet Due Demand Obligation 1,260.00 1,260.00								
Date Particulars ORS/JEV/RCI/RADAI No. Obligation Payment Not Yet Due Demand Obligation 1,260.00 1,260.00	TIMES OF CELIDOATION							
Obligation 1,260.00 1,260.00		KEFERENCE			Amount			
Obligation	Date	Particulars	ORS/JEV/RCI/RADAI No.		Payment	Not Yet Due	Due and Demandable	
T 1	~	Obligation	×	1,260.00		1,260.00		
Totals 1,260.00 1,260.00			Totals	1,260.00		1,260.00		

			D. Approved for Payment			
Cash available Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed proper						
Signature	Signature					
Printed Name	NICK FREDDY R. BELLO		Printed Name	EDGARDO E. TULIN		
Position	Accountant II		Position	PRESIDENT		
	OIC, Accounting Unit/Authorized Representative			Agency Head/Authorized Representative		
Date			Date			
E. Receipt of Payment					JEV No.	
Check/		Date:	Bank Name & Account Number:			
ADA No.:						
Signature:	Date:		Printed Name: DEPARTMENT OF SOIL SCIENCE		Date	
Official Recei	ipt No. & Date/Other Documents					

				Аррениіх 32		
I.	VISAYAS STATE UNIVER Entity Name	SITY	ent til det e men en skalet bled de verskenske kunde kunde	Fund Cluster :		
	DISBURSEMENT VOUC	CHER		Date : Dec. 14, 2021 DV No. :		
Mode of Payment	MDS Check Commercial Check	ADA	Others (Pleas	e specify)		
Payee	DEPARTMENT OF SOIL SCIENCE	ORS/BURS No.:				
Address	Visca, Baybay City, Leyte					
	Particulars	Responsibility Center	MFO/PAP	Amount		
in the am	Γ for the Rice seeds 222CS (for the planting of ri ount of s: 35 kg @ 36/kilo			1,260.00		
	i: Expenses/Cash Advance necessary, lawful and incurred			1,260.00		
	SHALOM GRACE C. S Printed Name, Designation and ing Entry:	SUGANO, Ph.D				
	Account Title	UACS Code	Debit	Credit		
C. Certified		D. Approved	D. Approved for Payment			
Sul	sh available bject to Authority to Debit Account (when applicable) pporting documents complete and amount claimed roper					
Signature		Signature				
Printed Name	NICK FREDDY R. BELLO	Printed Name	EDGARDO E. TULIN			
Position	Accountant II	D	PRESIDENT			
1 OSITIOH	OIC, Accounting Unit/Authorized Representative	—— Position		Authorized Representative		
Date		Date				

Date:

Date:

E. Receipt of Payment

Official Receipt No. & Date/Other Documents

Check/

ADA No.:

Signature:

Date

Bank Name & Account Number:

Printed Name: **DEPARTMENT**

OF SOIL SCIENCE

JEV No.

Date