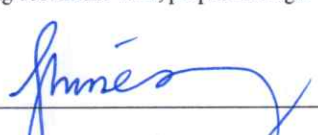


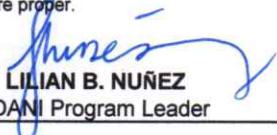
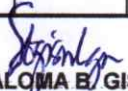
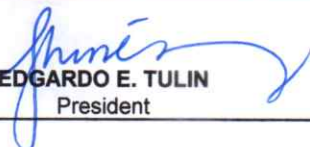
OBLIGATION REQUEST AND STATUS				Serial No. : _____			
VISAYAS STATE UNIVERSITY Entity Name				Date : May 2, 2023			
				Fund Cluster : <u>304000000</u>			
Payee	SALOMA B. GISULGA						
Office	Institute for Strategic Research and Development Studies (ISRDS)						
Address	Visayas State University, Visca, Baybay City, Leyte						
Responsibility Center	Particulars	MFO/PAP	UACS Object Code	Amount			
ISRDS BIDANI	REIMBURSEMENT - travel X-X-X-X-X-X-X	304000000	50201010 00	320.00			
Total				320.00			
A. Certified: Charges to appropriation/allotment are necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal Signature :  Printed Name: LILIAN B. NUÑEZ Position : Asso. Prof/Director Head, Requesting Office/Authorized Representative Date : _____			B. Certified: Allotment available and obligated for the purpose/adjustment necessary as indicated above Signature : _____ Printed Name: ALICIA M. FLORES Position : Admin. Officer V Head, Budget Division/Unit/Authorized Representative Date : _____				
C. STATUS OF OBLIGATION							
Reference			Amount				
Date	Particulars	ORS/JEV/Check/ADA/TRA No.	Obligation	Payable	Payment	Balance	
			(a)	(b)	(c)	Not Yet Due (a-b)	Due and Demandable (b-c)

Name: **SALOMA B. GISULGA** Position: Science Research Specialist Monthly Salary : P 33,949.00

Official Station: BIDANI, ISRDS, VSU, Baybay City, Leyte

Residence: Pangasugan, Baybay City, Leyte

Purpose of Travel: Please see attached travel orders.

Date	Places to be Visited	TIME		EXPENSES			
		Departure	Arrival	Means	Fare	Per Diem/ Incidental	Total Amount
19-Apr-23	VSU- Baybay terminal	8:00am	8:30am	PUV	20.00		20.00
	Terminal-Convention	8:30am	8:45am	PUV	20.00		20.00
	Convention - terminal	2:30pm	2:45pm	PUV	20.00		20.00
	Baybay- VSU	3:00pm	4:00pm	PUV	20.00		20.00
26-Apr-23	VSU- Baybay terminal	8:00am	8:30am	PUV	20.00		20.00
	Terminal-Convention	8:30am	8:45am	PUV	20.00		20.00
	Convention - terminal	2:30pm	2:45pm	PUV	20.00		20.00
	Baybay- VSU	3:00pm	4:00pm	PUV	20.00		20.00
27-Apr-23	VSU- Baybay terminal	8:00am	8:30am	PUV	20.00		20.00
	Terminal-Convention	8:30am	8:45am	PUV	20.00		20.00
	Convention - terminal	2:30pm	2:45pm	PUV	20.00		20.00
	Baybay- VSU	3:00pm	4:00pm	PUV	20.00		20.00
28-Apr-23	VSU- Baybay terminal	8:00am	8:30am	PUV	20.00		20.00
	Terminal-Convention	8:30am	8:45am	PUV	20.00		20.00
	Convention - terminal	2:30pm	2:45pm	PUV	20.00		20.00
	Baybay- VSU	3:00pm	4:00pm	PUV	20.00		20.00
TOTAL							320.00
I certify that: (1) I have reviewed the foregoing itinerary, (2) the travel is necessary to the service, (3) the period covered is reasonable and (4) the expenses claimed are proper.  LILIAN B. NUÑEZ BIDANI Program Leader				Prepared by:  SALOMA B. GISULGA Official Employee			
				Approved by:  EDGARDO E. TULIN President			

VISAYAS STATE UNIVERSITY Entity Name		Fund Cluster : 304000000	
DISBURSEMENT VOUCHER		Date : May 2, 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	Saloma B. Gisulga	TIN/Employee No.:	ORS/BURS No.:
Address	Visayas State University, Visca, Baybay City, Leyte		

Particulars	Responsibility Center	MFO/PAP	Amount
To. REIMBURSEMENT for travel expenses incurred while on official business outside station as per supporting papers hereto attached in the amount of	ISRDS	50201010 00	320.00
Amount Due			320.00

A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.

LILIAN B. NUÑEZ
 Asso. Prof./Director
 Printed Name, Designation and Signature of Supervisor

B. Accounting Entry:			
Account Title	UACS Code	Debit	Credit

C. Certified: <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	D. Approved for Payment
Signature	Signature
Printed Name NICK FREDDY R. BELLO	Printed Name EDGARDO E. TULIN
Position Accountant II 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 :	Date :	Printed Name:	
Official Receipt No. & Date/Other Documents			Date