


GF

Annex G

<b>OBLIGATION REQUEST AND STATUS</b>			No.: <b>02-101101-2020</b>			
<b>VISAYAS STATE UNIVERSITY</b>			Date: <b>December 2, 2021</b>			
<b>Visca, Baybay City, Leyte</b>			Fund: <b>GF</b>			
Payee:	<b>Dr. MA. RACHEL KIM L. AURE</b>					
Office:	<b>Office of the Director for Instruction and Evaluation</b>					
Address:	<b>Visca, Baybay City, Leyte</b>					
Responsibility Center	Particulars	MFO/PAP	UACS Code / Expenditure	Amount		
ISR.IMDAA.072 1-1221.01	TO REIMBURSEMENT for the Itinerary of Travel needed for the Research as indicated in the attached supporting papers in the amount of .....	301000000		280.00		
	<b>Total</b>			<b>280.00</b>		
<b>A</b> Certified: Charges to appropriation/allotment necessary, lawful and under my direct supervision and supporting documents valid, proper and legal  Signature:  Printed Name: <b>MA. RACHEL KIM L. AURE</b> Position: <b>Project Leader</b> Date: _____		<b>B</b> Certified: Allotment available and obligated for the purpose/adjustment necessary as indicated above  Signature: _____ Printed Name: <b>ALICIA M. FLORES</b> Position: <b>OIC-HEAD, Budget Office</b> <b>Head, Budget Unit/Authorized Representative</b> Date: _____				
<b>C STATUS OF OBLIGATION</b>						
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
	<b>Obligation</b>	<b>02-101101-2020</b>	<b>280.00</b>		<b>280.00</b>	
	<b>Totals</b>					



## VISAYAS STATE UNIVERSITY

Entity Name


## DISBURSEMENT VOUCHER

Fund Cluster :

GF

Date : December 2,  
2021

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	Dr. MA. RACHEL KIM L. AURE	TIN/Employee No.:	ORS/BURS No.:
Address	Visca, Baybay City, Leyte		
Particulars	Responsibility Center	MFO/PAP	Amount
TO REIMBURSEMENT for the Itinerary of Travel needed for the Research as indicated in the attached supporting papers in the amount of ..... 0	ISR.IMDAA.0721-1221.01	301000000	280.00
Amount Due			280.00
<b>A.</b> Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.  <div style="text-align: center;">   <u>MA. RACHEL KIM L. AURE</u>            Printed Name, Designation and Signature of Project Leader         </div>			
<b>B.</b> Accounting Entry:			
Account Title	UACS Code	Debit	Credit
<b>C. Certified:</b>		<b>D. Approved for Payment</b>	
<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	NICK FREDDY R. BELLO	Printed Name	EDGARDO E. TULIN
OIC-Head, Accounting Unit/Authorized Representative		Agency Head/Authorized Representative	
Date		Date	
<b>E. Receipt of Payment</b>			JEV No.
Check/ADA No.:		Date:	Bank Name & Account Number:
Signature:		Date:	Printed Name:
Official Receipt No. & Date/Other Documents			Date