



GF

Annex G

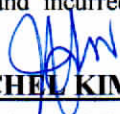
OBLIGATION REQUEST AND STATUS			No.: 02-101101-2020			
VISAYAS STATE UNIVERSITY			Date: December 07, 2021			
Visca, Baybay City, Leyte			Fund: GF			
Payee:	Dr. MA. RACHEL KIM L. AURE					
Office:	Office of the Director for Instruction and Evaluation					
Address:	Visca, Baybay City, Leyte					
Responsibility Center	Particulars	MFO/PAP	UACS Code / Expenditure	Amount		
ISR.IMDAA.072 1-1221.01	TO REIMBURSEMENT for the purchased supplies and materials needed for the Research as indicated in the attached supporting papers in the amount of	301000000		3,300.00		
	Total			3,300.00		
A Certified: Charges to appropriation/allotment necessary, lawful and under my direct supervision and supporting documents valid, proper and legal Signature  Printed Name MA. RACHEL KIM L. AURE Position Project Leader Date _____		B Certified: Allotment available and obligated for the purpose/adjustment necessary as indicated above Signature _____ Printed Name ALICIA M. FLORES Position OIC-HEAD, Budget Office Head, Budget Unit/Authorized Representative Date _____				
C STATUS OF OBLIGATION						
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
	Obligation	02-101101-2020	3,300.00		3,300.00	
	Totals					

	VISAYAS STATE UNIVERSITY Entity Name		Fund Cluster : GF	
	DISBURSEMENT VOUCHER		Date : December 7, 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			

Payee	Responsibility Center	MFO/PAP	Amount
TO REIMBURSEMENT for the purchased supplies and materials needed for the Research as indicated in the attached supporting papers in the amount of	ISR.IMDAA.0721-1221.01	301000000	3,300.00
Amount Due			3,300.00

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


MA. RACHEL KIM L. AURE
 Printed Name, Designation and Signature of Project Leader

B.	Accounting Entry:	UACS Code	Debit	Credit
	Account Title			

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	Printed Name
NICK FREDDY R. BELLO	EDGARDO E. TULIN
OIC-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:		
Official Receipt No. & Date/Other Documents				Date