0	BI IGATION R	FOLIEST AND STA	THE	No.	00 404404 00	00.04	
OBLIGATION REQUEST AND STA			1100	No.:	02-101101-20	22-01	
	VISAYAS STATE UNIVERSITY			Date:	03/01/22		
		Baybay City, Leyte		Fund:	GF		
Payee:	VSU-Fuel Station						
Office:	Office of the Head of	Supply and Property (OHSP)					
Address:	Visca, Baybay City, Le	eyte					
Responsibility Center		Particulars			UACS Code / Expenditure	Amount	
OHRA	1 -	led gasoline (March) ocuments attached in the a	mount of	10000000	5020309000	1,980.00	
			Total			1,980.00	
Certified:	Charges to appropration	/allotment	B Certified:	Allotment available and obligated for the			
	necessary, lawful and under my direct supervision			purpose/adjustment necessary as			
	and supporting documents valid, proper and legal		indicated above				
Signature			Signature				
Printed Name	MARIA ROE	BERTA S. MIRAFLOR		ALICIA M. FLORES			
Position	Ac	lmin. Officer II	Position	Admin. Officer III OIC Head, Budget/Authorized Representative		III	
	-	Head, OHRA				Representative	
Date		3/1/2022	Date	3/1/2022			
	ATUS OF OBLIGAT	ION					
Reference			Amount				
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable	
	Obligation		1,980.00		1,980.00		
		Totals	1,980.00		1,980.00		

Date: 3/1/2022 DV No.:    Mode of Payment	VISAYAS STATE UNIVERSITY					Fund Cluster :		
Payment MDS Check Commercial Check ADA Others (Please specify)  Payee VSU-Fuel Station TIN/Employee No.: ORS/BURS No.:  Address Visca, Baybay City, Leyte Particulars Responsibility MFO/PAP Amount Payment for the unleaded gasoline for messengerial services as per supporting does. attached in the amount of  Amount Due 1,980.00  A Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.  MARIA ROBERTA S. MIRAFLOR Head, Records and Archives 3/1/2022  B. Accounting Entry:  Account Title UACS Code Debit Credit  C Certified: D. Approved for Payment  Cash available UACS Code Debit Credit  Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed proper  Signature Printed Name Accountant II  Position Accountant II  OIC, Accounting/Authorized Representative Date  E. Receipt of Payment  Date: Bank Name & Account Number:  Signature: Date  Date: Printed Name: Date	Entity Name  DISBURSEMENT VOUCHER							
Address Visca, Baybay City, Leyte  Particulars Responsibility MFO/PAP Amount  Payment for the unleaded gasoline for messengerial services as per supporting does. attached in the amount of  Amount Due 1,980.00  A Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.  MARIA ROBERTA S. MIRAFLOR Head, Records and Archives 3/1/2022  B. Accounting Entry:  Account Title UACS Code Debit Credit  Cash available  Subject to Authority to Debit Account (when applicable)  Supporting documents complete and amount claimed proper  Signature  Printed Name  NICK FREDDY R. BELLO Position  Accountant II OIC, Accounting/Authorized Representative  Date  Bank Name & Account Number:  JEV No.  Check/ ADA No.  Signature: Date: Printed Name: Date		MDS Check Con	nmercial Chec	k ADA	Others (Plea	ase specify)		
Payment for the unleaded gasoline for messengerial services as per supporting does. attached in the amount of  Amount Due  Account Title  Account Title  Account Title  Account Title  Account (when applicable)  Account Debit Account (when applicable)  Account (when applicable)  Supporting documents complete and amount claimed proper  Signature  Printed Name  Account Name  Account Printed Name  Account Account II  OIC, Accounting/Authorized Representative  Date  Agency Head/Authorized Representative  Agency H	Payee	VSU-Fuel Station	TIN/Employe	ee No.:	ORS/BURS No.:			
Payment for the unleaded gasoline for messengerial services as per supporting does.  Amount Due  1,980,00 attached in the amount of  MARIA ROBERTA S. MIRAFLOR Head, Records and Archives 3/1/2022  B. Accounting Entry:  Account Title  UACS Code  Debit  Credit  Credit  C. Certified:  Subject to Authority to Debit Account (when applicable)  Supporting documents complete and amount claimed proper  Signature  Printed Name  NICK FREDDY R. BELLO  Name  Accountant II  OIC, Accounting/Authorized Representative Date  Date  E. Receipt of Payment  Check/ ADA No.:  Date:  Bank Name & Account Number:  Date	Address	Visca, Baybay City, Leyte						
for messengerial services as per supporting docs.  attached in the amount of  Amount Due  Amana Arohives  3/1/2022  B. Accounting Entry:  Account Title  UACS Code  Debit  Credit  Debit Credit  Credit  Credit  Credit  Credit  Credit  Credit  Debit Credit  Debit Credit  Credi		Particulars		Responsibility	MFO/PAP	Amount		
A Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.  MARIA ROBERTA S. MIRAFLOR Head, Records and Archives 3/1/2022  B. Accounting Entry:  Account Title  UACS Code  Debit  Credit  Credit  Cash available  Subject to Authority to Debit Account (when applicable)  Supporting documents complete and amount claimed proper  Signature  Printed Name  NICK FREDDY R. BELLO Name  Accountant II  Position  OIC, Accounting/Authorized Representative  Date  E. Receipt of Payment  Cleck/ ADA No.:  Signature:  Date:  Bank Name & Account Number:  Date  Date  Date  Date  Date  Date	for messengerial services as per supporting docs.			OHRA		1,980.00		
A Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.  MARIA ROBERTA S. MIRAFLOR Head, Records and Archives 3/1/2022  B. Accounting Entry:  Account Title  UACS Code  Debit  Credit  Credit  Cash available  Subject to Authority to Debit Account (when applicable)  Supporting documents complete and amount claimed proper  Signature  Printed Name  NICK FREDDY R. BELLO Name  Position  OIC, Accounting/Authorized Representative  Date  E. Receipt of Payment  Check/ ADA No.:  Signature:  Date:  Date:  Printed Name:  Date  Date  Date:  Date:  Date:  Printed Name:  Date  Date			Amount Due			1,980.00		
Account Title    UACS Code   Debit   Credit		MARIA R Head,	OBERTA S., Records and	MIRAFLOR	un ooi supei visi	OII.		
C. Certified:  Cash available  Subject to Authority to Debit Account (when applicable)  Supporting documents complete and amount claimed proper  Signature  Printed Name  NICK FREDDY R. BELLO  Position  Accountant II  OIC, Accounting/Authorized Representative  Date  Page Date:  Bank Name & Account Account Number:  Signature  Position  Date:  Da	B. Accour			1 114 60 6				
Cash available  Subject to Authority to Debit Account (when applicable)  Supporting documents complete and amount claimed proper  Signature  Printed Name  NICK FREDDY R. BELLO  Position  OIC, Accountant II  Date  Date  E. Receipt of Payment  Check/ ADA No.:  Signature  Date		Account Title		UACS Cod	e Debit	Credit		
Cash available  Subject to Authority to Debit Account (when applicable)  Supporting documents complete and amount claimed proper  Signature  Printed Name  NICK FREDDY R. BELLO  Position  OIC, Accountant II  Date  Date  E. Receipt of Payment  Check/ ADA No.:  Signature  Date								
Subject to Authority to Debit Account (when applicable)  Supporting documents complete and amount claimed proper  Signature  Printed Name  NICK FREDDY R. BELLO  Position  OIC, Accountant II  Date  Position  OIC, Accounting/Authorized Representative  Date  E. Receipt of Payment  Check/ ADA No.:  Date:  Bank Name & Account Number:  Signature:  Date				D. Approve	D. Approved for Payment			
Printed Name NICK FREDDY R. BELLO Position Accountant II Position OIC, Accounting/Authorized Representative  Date Date  E. Receipt of Payment Check/ ADA No.:  Date: Bank Name & Account Number: Signature: Date  Printed Name  EDGARDO E. TULIN President Agency Head/Authorized Representative  Date  Date: Bank Name & Account Number: Date	Su Su	abject to Authority to Debit Account (what apporting documents complete and amount		:)				
Name     NICK FREDDY R. BELLO     Name     EDGARDO E. TULIN       Position     Accountant II     Position     President       Date     Date     Agency Head/Authorized Representative       E. Receipt of Payment     JEV No.       Check/ADA No.:     Date:     Bank Name & Account Number:       Signature:     Date:     Printed Name:     Date	Signature			Signature				
Position     Accountant II     Position     President       Date     Date       E. Receipt of Payment     JEV No.       Check/ADA No.:     Date:     Bank Name & Account Number:       Signature:     Date:     Printed Name:     Date		NICK FREDDY R. RELLO			EDGARDO E. TULIN			
Date Date Date  E. Receipt of Payment JEV No.  Check/ ADA No.:  Signature:  Date: Printed Name: Date		Accountant II			President			
E. Receipt of Payment  Check/ ADA No.:  Date: Bank Name & Account Number:  Signature: Date: Printed Name: Date		OIC, Accounting/Authorized Re	presentative		Agency Head	l/Authorized Representative		
Check/ ADA No.:  Bank Name & Account Number:  Signature:  Date:  Printed Name:  Date		4 of Downson		Date		TIEV 31		
Signature.	Check/				& Account	JEV NO.		
			Date :	Printed Nam	e:	Date		

Annex G-8

## **REQUISITION AND ISSUE SLIP**

**VISAYAS STATE UNIVERSITY** 

		Agency	Y			
Division	Res. Center		RIS No.		No. Date:3/1/2022	
Office	OHRA	Code		SAI No.		
Stock No.	Item Description		Unit	Quantity	<b>Unit Cost</b>	
	unleaded gasoline (March)		liters	30	66.00	1,980.00
	**nothing follows**					
				-5.54		
	+					
	-					
	-					
	+					
	<del> </del>					
Purpose:	for office/messengerial use			TOTAL		.,
0: 1	Requested by:	Approved by:		Issued by:		Received:
Signature	MARIA DORERTA O ANTA OTRA					
Name	MARIA ROBERTA S. MIRAFLOR					
Designation	Head, OHRA	President				
Date	3/1/2022	3/1/2022				