					Annex G		
SMASSPIL	OBLIGATIO	N REQUEST AND	STATUS	No.:			
VISAYAS STATE UNIVERS			ITY	Date:	January 11, 2024		
VERSI	Vi	sca, Baybay City, Leyte					
Payee:	VSU		Fund:	DASS.NCT.1718			
Office:	Gasoline Station						
Address:	Visca, Baybay City, Ley	te					
Responsibility Center	Particulars			MFO/PAP	UACS Code / Expenditure	Amount	
DASS.NCT.1718		100 Liters Diesel				PhP6,9	
			Total			PhP6,90	
Certified: Charges to appropration/allotment		Certified:	Allotment availa	able and obligated	for the		
	necessary, lawful and und	er my direct supervision		purpose/adjustm	ent necessary as		
	and supporting documents	s valid, proper and legal		indicated above			
Signature	The state of the s		Signature				
Printed Name	ULYSSES	A. CAGASAN	Printed Name		ALICIA M. FLORES		
Position	Project Leader		Position	Head, Bu	ead, Budget Unit/Authorized Representative		
Date			Date			20	
		S	TATUS OF OBLIG	ATION			
Reference			Amount				
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demand	
	Obligations		PhP6,900.00		PhP6,900.00		
		Totals	PhP6,900.00		PhP6,900.00		

	Amount Due			Php 6,900	
A. Certified: Exp	penses/Cash Advance necessary, lawful and in	curred under my direct	supervision.		
	ULYSSES A.	CACACAN			
-1	Project I	Leader			
B. Accounting E					
	Account Title	UACS Code	Debit	Cred	
C. Certified:		D. Approved for Payment			
0 1					
Cash ava	ilable				
Subject to	Authority to Debit Account (when applicable)				
Subject to Supporting					
Subject to Supporting	Authority to Debit Account (when applicable)				
Subject to Supporting proper Signature	o Authority to Debit Account (when applicable) ag documents complete and amount claimed	Signature			
Subject to Supporting proper Signature Printed Name	o Authority to Debit Account (when applicable) ag documents complete and amount claimed  NICK FREDDY R. BELLO		DANIEL I	LESLIE S. TA	
Subject to Supporting proper  Signature  Printed Name Position	o Authority to Debit Account (when applicable) ag documents complete and amount claimed	Signature		LESLIE S. TA	
Subject to Supporting proper Signature Printed Name Position Date	NICK FREDDY R. BELLO  Head, Accounting Office	Signature Printed Name		LESLIE S. TA	
Subject to Supporting proper Signature Printed Name Position Date  E. Receipt of Pay	NICK FREDDY R. BELLO  Head, Accounting Office	Signature Printed Name Position			
Subject to Supporting proper Signature Printed Name Position Date  E. Receipt of Pay Check/	NICK FREDDY R. BELLO  Head, Accounting Office	Signature Printed Name Position	OIC	, President	
Subject to Supporting proper Signature Printed Name Position Date  E. Receipt of Pay	NICK FREDDY R. BELLO Head, Accounting Office	Signature Printed Name Position Date	OIC	, President	