

PURCHASE REQUEST

[illegible]

INSPECTION AND ACCEPTANCE REPORT

VISAYAS STATE UNIVERSITY

Agency

Supplier _____

AR No. _____

PO No. _____

Date: Various

Invoice No. _____

Requisitioning Office/Department: _____

Office of the Dean of Students

Item No.	Unit	Description	Quantity
1	unit	UVC 36L Sterilization Box with Timer X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-	1
Total - P			1,399.00
<u>Charge to: GAA-ODS</u>			

INSPECTION

Date inspected: _____

Inspected, verified and found OK
as to quantity and specifications

MARIA FE A. BASLAN

Inspection Officer

ACCEPTANCE

Date Received: _____




Complete

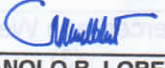


Partial

MANOLO B. LORETO, JR.

Property Officer

University Student Services Office			Fund Cluster :	
Entity Name			GAA: ODS	
DISBURSEMENT VOUCHER			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	Prof. Manolo B. Loreto, Jr.	TIN/Employee No.:	ORS/BURS No.:	
Address	VSU, Visca Baybay City, Leyte			
Particulars		Responsibility Center	MFO/PAP	Amount
Replenishment of expenses needed for Office Supply, as per supporting papers hereto attached in the total amount of:				1,399.00
Amount Due				P 1,399.00
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.				
 MANOLO B. LORETO, JR. Dean of Students				
B. Accounting Entry:				
Account Title		UACS Code	Debit	Credit
C. Certified:		D. Approved for Payment		
<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	
Position	OIC Head, Accounting Division	Position	University President	
	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: MANOLO B. LORETO, JR.	Date
Official Receipt No. & Date/Other Documents				

OBLIGATION REQUEST AND STATUS				No.: 02-101101-2021-12		
VISAYAS STATE UNIVERSITY				Date: December 3, 2021		
Visca, Baybay City, Leyte				Fund: GAA-Office of the Dean of Student		
Office:	ODS					
Address:	VSU, Visca Baybay City, Leyte					
Responsibility Center	Particulars	MFO/PAP	UACS Code / Expenditure	Amount		
ODS/USO	Replenishment of expenses for Office used			1,399.00		
Total				1,399.00		
Certified: Charges to appropriation/allotment necessary, lawful and under my direct supervision and supporting documents valid, proper and legal Signature:  Printed Name: MANOLO B. LORETO, JR. Position: Dean of Students Date: _____			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: _____			
STATUS OF OBLIGATION						
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
Dec. 3, 2021	Obligation	02-101101-2021-12	1,399.00		1,399.00	
	Totals		1,399.00		1,399.00	