

|                                      |                                                                                                                                                    |                |                                |                                                                                                      |                    |
|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------|------------------------------------------------------------------------------------------------------|--------------------|
| <b>OBLIGATION REQUEST AND STATUS</b> |                                                                                                                                                    |                |                                | No.: MOOE 02-101101-2023                                                                             |                    |
| <b>VISAYAS STATE UNIVERSITY</b>      |                                                                                                                                                    |                |                                | Date: Sept. 5, 2023                                                                                  |                    |
| <b>Visca, Baybay City, Leyte</b>     |                                                                                                                                                    |                |                                | Fund: Faculty Dev. Fund                                                                              |                    |
| Payee:                               | Lemuel S. Preciados                                                                                                                                |                |                                |                                                                                                      |                    |
| Office:                              | DOE                                                                                                                                                |                |                                |                                                                                                      |                    |
| Address:                             | Visca, Baybay City, Leyte                                                                                                                          |                |                                |                                                                                                      |                    |
| <b>Responsibility Center</b>         | <b>Particulars</b>                                                                                                                                 | <b>MFO/PAP</b> | <b>UACS Code / Expenditure</b> | <b>Amount</b>                                                                                        |                    |
|                                      | Travel Pre-Payment                                                                                                                                 |                |                                | P17,510.00                                                                                           |                    |
|                                      |                                                                                                                                                    | <b>Total</b>   |                                | <b>P17,510.00</b>                                                                                    |                    |
| <b>A</b>                             | Certified: Charges to appropriation/allotment necessary, lawful and under my direct supervision and supporting documents valid, proper and legible |                | <b>B</b>                       | Certified: Allotment available and obligated for the purpose/adjustment necessary as indicated above |                    |
| Signature                            |                                                                                                                                                    |                | Signature                      |                                                                                                      |                    |
| Printed Name                         |                                                                                                                                                    |                | Printed Name                   |                                                                                                      |                    |
| Position                             |                                                                                                                                                    |                | Position                       |                                                                                                      |                    |
| Date                                 |                                                                                                                                                    |                | Date                           |                                                                                                      |                    |
|                                      | ZYRA MAY H. CENTINO                                                                                                                                |                |                                | ALICIA M. FLORES                                                                                     |                    |
|                                      | Head, DoEcon                                                                                                                                       |                |                                | OIC-Head, Budget Office                                                                              |                    |
| <b>STATUS OF OBLIGATION</b>          |                                                                                                                                                    |                |                                |                                                                                                      |                    |
| <b>C</b>                             | Reference                                                                                                                                          |                |                                | Amount                                                                                               |                    |
| <b>C</b>                             | Date                                                                                                                                               | Particulars    | ORS/JEV/RCI/RADA I No.         | Obligation                                                                                           | Payment            |
|                                      | Sept. 5, 2023                                                                                                                                      | Obligations    | MOOE 02-101101-2023            | 17510.00                                                                                             |                    |
|                                      |                                                                                                                                                    |                | Totals                         | 17510.00                                                                                             |                    |
|                                      |                                                                                                                                                    |                |                                |                                                                                                      | Not Yet Due        |
|                                      |                                                                                                                                                    |                |                                |                                                                                                      | Due and Demandable |
|                                      |                                                                                                                                                    |                |                                |                                                                                                      | 17510.00           |

|                                                                                                                                                                                                               |                                  |        |  |                                                                |                                       |         |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------|--|----------------------------------------------------------------|---------------------------------------|---------|--|
| <b>C. Certified:</b>                                                                                                                                                                                          |                                  |        |  | <b>D. Approved for Payment</b>                                 |                                       |         |  |
| <input type="checkbox"/> Cash available<br><input type="checkbox"/> Subject to Authority to Debit Account (when applicable)<br><input type="checkbox"/> Supporting documents complete & amount claimed proper |                                  |        |  | Seventeen Thousand Five Hundred Ten Pesos Only<br>(P17,510.00) |                                       |         |  |
| Signature                                                                                                                                                                                                     |                                  |        |  | Signature                                                      |                                       |         |  |
| Printed Name                                                                                                                                                                                                  | NICK FREDDY R. BELLO             |        |  | Printed Name                                                   | EDGARDO E. TULIN                      |         |  |
| Position                                                                                                                                                                                                      | Head, Accounting Division        |        |  | Position                                                       | President                             |         |  |
|                                                                                                                                                                                                               | Head, Accounting Unit/Authorized |        |  |                                                                | 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:                                                  |                                       |         |  |
|                                                                                                                                                                                                               |                                  |        |  | LEMUEL S. PRECIADOS                                            |                                       |         |  |
| Official Receipt No. & Date/Other Documents                                                                                                                                                                   |                                  |        |  |                                                                |                                       |         |  |