


| OBLIGATION REQUEST AND STATUS VISAYAS STATE UNIVERSITY Visca, Baybay City, Leyte | | | | No.: MOOE 02-101101-2024 | | |
|---|---------------------------|------------------------|---|--------------------------|-------------|--------------------|
| | | | | Date: Oct. 2, 2024 | | |
| | | | | Fund: DOE | | |
| Payee: | John Miko M. Javier | | | | | |
| Office: | DOE | | | | | |
| Address: | Visca, Baybay City, Leyte | | | | | |
| Responsibility Center | Particulars | MFO/PAP | UACS Code / Expenditure | Amount | | |
| | Student Wage | | | P2,940.00 | | |
| Total | | | | P2,940.00 | | |
| A Certified: Charges to appropriation/allotment necessary, lawful and under my direct supervision and supporting documents valid, proper and legal | | | B Certified: Allotment available and obligated for the purpose/adjustment necessary as indicated above | | | |
| Signature Printed Name: ZYRA MAY H. CENTINO Position: Head, DoEcon Date: | | | Signature Printed Name: ALICIA M. FLORES Position: Head, Budget Office Date: | | | |
| C STATUS OF OBLIGATION | | | | | | |
| Reference | | | Amount | | | |
| Date | Particulars | ORS/JEV/RCI/RADA I No. | Obligation | Payment | Not Yet Due | Due and Demandable |
| Oct. 2, 2024 | Obligations | MOOE 02-101101-2024 | 2940.00 | | 2940.00 | |
| | | Totals | 2940.00 | | 2940.00 | |
| | | Totals | 2940.00 | | 2940.000 | |

| | | | | | | | | | | | | | | |
|----|------|-------|---|--|--|--|--|------|------|-----------------------|--|--|--|---|
| 20 | | | | | | | | 3:30 | 7:35 | | | | | 4 |
| 21 | | | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | |
| 24 | | | | | | | | 3:30 | 7:32 | | | | | 4 |
| 25 | | | | | | | | 3:25 | 7:30 | | | | | 4 |
| 26 | 8:00 | 12:00 | 4 | | | | | | | | | | | |
| 27 | | | | | | | | | | | | | | |
| 28 | | | | | | | | | | | | | | |
| 29 | | | | | | | | | | | | | | |
| 30 | | | | | | | | | | | | | | |
| 31 | | | | | | | | | | | | | | |
| AM | | | | | | | | 13 | | PM | | | | |
| | | | | | | | | | | Grand Total (AM & PM) | | | | |
| | | | | | | | | | | 38 | | | | |
| | | | | | | | | | | 49 | | | | |

I HEREBY CERTIFY on my honor that the above record is a true and correct report on the hours of work performed made daily at the time of arrival(s) and at the time of departure (s).

Verified as to prescribed office hours.


Signature


In-Charge