OBLIGATION REQUEST AND STATUS

VISAYAS STATE UNIVERSITY

No: Date: MOOE 02-101101-2021

Visca, Baybay City, Leyte				Fund:		
Payee	Charlie Mark Cuta	mora				
Office	Motor Pool/PPO		***************************************			
Address						
Responsibility			MFO/PAP	UACS Code/	A	
Center	Particulars			WIFO/FAF	Expenditures	Amount
	Paymen	t of Per Diem			5020101000	600.00
			TOTAL			600.00
A Certified	A Certified Charges to appropriation/allotment			Allotment available and		able and
necessary, lawful and under my direct super- vision and supporting documents valid, proper and legal					obligated for th	e purpose/
				adjustment necessary as indicated above		
			13			

Signature			Signature			
Signature Printed Name	MARLON G.	BURLAS	Signature Printed Name		ALICIA	M. FLORES
	MARLON G. Head, Mot		1 "			M. FLORES
Printed Name Position			Printed Name Position	Budge		udget Office
Printed Name Position Date		or Pool	Printed Name Position Date		Head, B	udget Office
Printed Name Position Date	Head, Mot	or Pool	Printed Name Position		Head, B	udget Office
Printed Name Position Date		or Pool	Printed Name Position Date		Head, B	udget Office
Printed Name	Head, Mot	or Pool	Printed Name Position Date		Head, Boot Unit/Authorized	udget Office Representative Due and
Printed Name Position Date	Head, Mot	STATUS O	Printed Name Position Date F OBLIGATION		Head, Book Unit/Authorized	udget Office Representative

Head, Motor Pool Services	Clerk/dDRC		
CLOUDE IO NOTHINA	WATER IS TALL		
	TOTAL	600.00	

I CERTIFY that (1) I have received the fore going itinerary (2) the travel is necessary to the service, the period cover is reasonable and (3) the expenses claimed are proper.

Prepared by: (Official, Employee)

CHARLE MARK CUTAMORA

Approved by: (Head of Agency)

MARLON G. BURLAS

Supervisor

Signature

Official Receipt N

EDGARDO E. TULIN

President