
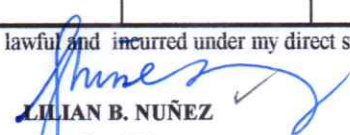


OBLIGATION REQUEST AND STATUS				Serial No. : _____			
VISAYAS STATE UNIVERSITY Entity Name				Date : April 5, 2023			
				Fund Cluster : 304000000			
Payee	LILIAN B. NUÑEZ						
Office	Institute for Strategic Research and Development Studies (ISRDS)						
Address	Visayas State University, Visca, Baybay City, Leyte						
Responsibility Center	Particulars	MFO/PAP	UACS Object Code	Amount			
ISRDS BIDANI	REIMBURSEMENT - registration fee of national extension conference X-X-X-X-X-X-X	304000000	50202010 00	5000.00			
Total				5,000.00			
A.	Certified: Charges to appropriation/allotment are 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 :				Signature :	_____		
Printed Name:	LILIAN B. NUÑEZ			Printed Name:	ALICIA M. FLORES		
Position :	Asso. Prof/Director Head, Requesting Office/Authorized Representative			Position :	Admin. Officer V Head, Budget Division/Unit/Authorized Representative		
Date :	_____			Date :	_____		
C. STATUS OF OBLIGATION							
Reference			Amount				
Date	Particulars	ORS/JEV/Check/ADA/TRA No.	Obligation	Payable	Payment	Balance	
						Not Yet Due	Due and Demandable
			(a)	(b)	(c)	(a-b)	(b-c)

VISAYAS STATE UNIVERSITY Entity Name			Fund Cluster : 304000000	
DISBURSEMENT VOUCHER			Date : April 5, 2023 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	Lilian B. Nuñez	TIN/Employee No.:	ORS/BURS No.:	
Address	Visayas State University, Visca, Baybay City, Leyte			
Particulars		Responsibility Center	MFO/PAP	Amount
To. REIMBURSEMENT for payment of registration fee for the National Extension conference held at SLSU on March 21-22, 2023 via Zoom platform as per receipt hereto attached in the amount of		ISRDS BIDANI	50202010 00	5000.00
Amount Due				5,000.00
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.				
 LILIAN B. NUÑEZ Asso. Prof./Director Printed Name, Designation and Signature of Supervisor				
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	Accountant II Head, Accounting Unit/Authorized Representative		Position	President Agency Head/Authorized Representative
Date			Date	
E. Receipt of Payment				JEV No.
Check/ADA No. :		Date :	Bank Name & Account Number:	
Signature :	LBNUÑEZ	Date :	Printed Name:	Date
Official Receipt No. & Date/Other Documents				