

BUDGET UTILIZATION REQUEST AND STATUS

VISAYAS STATE UNIVERSITY

Entity Name

Serial No. : _____

Date : '3/17/2023 _____

Fund Cluster : _____

Payee

DHENBER C. LUSANTA

Office

Eco-FARMI

Address

VSU, VISCA, Baybay City, Leyte

Responsibility
Center

Particulars

MFO/PAP

UACS Object
Code/
Expenditures

Amount

TP.UF.009

To Petty Cash Advance for the purchase of materials to be used in the project as per the papers attached, amounting to.....

5,000.00

Total**5,000.00****A.****Certified:** Charges to appropriation/budget necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal

Signature : _____

Printed Name: **JEROME O. ARRIBADO**Position : Director, Eco-FARMI
Head, Requesting Office/Authorized Representative

Date : _____

B.**Certified:** Budget available and utilized for the purpose/adjustment necessary as indicated above

Signature : _____

Printed Name: **ALICIA M. FLORES**Position : Administrative Officer III
Head, Budget Division/Unit/Authorized Representative

Date : _____

C.**STATUS OF UTILIZATION****Reference****Amount****Balance**

Date

Particulars

BURS/JEV/RCI/
RADAI/RTRAI No.

Utilization

Payable

Payment

Not Yet Due

Due and
Demandable

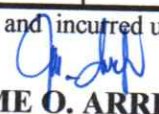
(a)

(b)

(c)

(a-b)

(b-c)

VISAYAS STATE UNIVERSITY Entity Name				Fund Cluster : Date : 3/17/2023 DV No. :	
DISBURSEMENT VOUCHER					
Mode of Payment		<input type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify)			
Payee		DHENBER C. LUSANTA		TIN/Employee No.:	
Address		VSU, VISCA, BAYBAY CITY, LEYTE			
Particulars		Responsibility Center		MFO/PAP	
Amount Due				Amount	
To Petty Cash Advance for the purchase of materials to be used in the project as per the papers attached, amounting to.....				5000.00	
				5,000.00	
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.					
 JEROME O. ARRIBADO Printed Name, Designation and Signature of Supervisor					
B. Accounting Entry:					
Account Title		UACS Code		Debit Credit	
C. Certified: <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			D. Approved for Payment		
Signature		Signature			
Printed Name		Printed Name			
Position		Position			
Date		Date			
NICK FREDDY R. BELLO OIC, HEAD Head, Accounting Unit/Authorized Representative		EDGARDO E. TULIN President Agency Head/Authorized Representative			
E. Receipt of Payment					
Check/ADA No. :		Date :		Bank Name & Account Number:	
Signature :		Date :		Printed Name:	
Official Receipt No. & Date/Other Documents				JEV No.	
				Date	

Visayas State University

DEPT./OFFICE Eco-FARMI

PR NO.

DATE	3/17/2023
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SECTION

SAI NO.

DATE _____

Charged to: TP.UF.009

CERTIFIED as to the availability
of appropriation in the amount
of P_____ within
45 days period.

PURPOSE:

For Project use.

REQUESTED BY

APPROVED BY

SIGNATURE

PRINTED NAME

DHENBER C. LUSANTA

EDGARDO E. TULIN

DESIGNATION

Faculty, Eco-FARMI

President