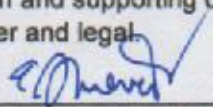


BUDGET UTILIZATION REQUEST & STATUS				No.: 02-206441-2022-12		
VISAYAS STATE UNIVERSITY				Date: 12/09/2022		
Visca, Baybay City, Leyte				Fund: STF -Lab. Fees		
Payee:		JANE M. ABAPO				
Office:		DoPAC				
Address:		VSU, Visca Baybay City, Leyte				
Responsibility Center		MFO/PAP	UACS Code / Expenditure	Amount		
STF -LAB FEES	Replenishment of Laboratory expenses			3,514.00		
		Total		3,514.00		
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: ELIZABETH S. QUEVEDO Position: Head, DoPAC			Signature:  Printed Name: ALICIA M. FLORES Position: Head, Budget Office			
C STATUS OF OBLIGATION						
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
	Obligation	02-206441-2022-12	3,514.00		3,514.00	
	Totals					



Visayas State University
Visca, Baybay City Leyte

PURCHASE REQUEST

DEPT./OFFICE		DoPAC		PR NO.	
SECTION/End-Use		JANE MABAPO		Category: Laboratory use	
Item No.	UNIT	ITEM DESCRIPTION	QTY	UNIT COST	TOTAL COST
1	gal	Distilled Water	4	100.00	400.00
2	gal	Absolute Water 6 lts	2	88.00	176.00
	gal	Nature Spring	1	105.00	105.00
3	bot	Premeo white wine	1	289.00	289.00
4	bot	Eagle Hawk white wine	1	399.00	399.00
5	bot	Canto Rossi wine	1	349.00	349.00
6	bot	Cider vibegar	1	177.75	177.75
7	pcs	Trashcan	3	248.00	744.00
8	gal	Distilled water 10 liters	1	91.00	91.00
9	pcs	Vit B complex	18	5.00	90.00
10	pcs	Vit C 500mg	100	2.30	230.00
11	bot	Vit C 100mg(Ceelin 30pcs/bot)	1	133.25	133.25
12	pcs	Vit D	18	6.50	117.00
13	pcs	Vit E	18	6.00	108.00
14	gal	Distilled water	1	105.00	105.00
15					
16					
17					
24					
				TOTAL	3,514.00
Purpose:		For laboratory use.			
Checked By:		Charged to Funds Available			
DOREEN S. ALBA		ALICIA M. FLORES			
Technical Working Group		Budget Officer			
SIGNATURE	REQUESTED BY:	NOTED BY:	APPROVED BY:		
PRINTED NAME	JANE M. ABAPO	ELIZABETH S. QUEVEDO	EDGARDO E. TULIN		
DESIGNATION	End-User	DoPAC Head	President		



Visayas State University
Visca, Baybay City Leyte

PURCHASE REQUEST

DEPT./OFFICE DoPAC			PR NO.	
SECTION/End-Use JANE MABAPO			Category: Laboratory use	

Item No.	UNIT	ITEM DESCRIPTION	QTY	UNIT COST	TOTAL COST
1	gal	Distilled Water	4	100.00	400.00
2	gal	Absolute Water 6 lts	2	88.00	176.00
	gal	Nature Spring	1	105.00	105.00
3	bot	Premeo white wine	1	289.00	289.00
4	bot	Eagle Hawk white wine	1	399.00	399.00
5	bot	Canto Rossi wine	1	349.00	349.00
6	bot	Cider vibegar	1	177.75	177.75
7	pcs	Trashcan	3	248.00	744.00
8	gal	Distilled water 10 liters	1	91.00	91.00
9	pcs	Vit B complex	18	5.00	90.00
10	pcs	Vit C 500mg	100	2.30	230.00
11	bot	Vit C 100mg(Ceelin 30pcs/bot)	1	133.25	133.25
12	pcs	Vit D	18	6.50	117.00
13	pcs	Vit E	18	6.00	108.00
14	gal	Distilled water	1	105.00	105.00
15					
16					
17					
24					
				TOTAL	3,514.00

Purpose:	For laboratory use.
----------	---------------------

Checked By:	Charged to Funds Available
DOREEN S. ALBA	ALICIA M. FLORES
Technical Working Group	Budget Officer

SIGNATURE	REQUESTED BY:	NOTED BY:	APPROVED BY:
	<i>Jane M. Abapo</i>	<i>Elizabeth S. Quevedo</i>	<i>Edgardo E. Tulin</i>
PRINTED NAME	JANE M. ABAPO	ELIZABETH S. QUEVEDO	EDGARDO E. TULIN
DESIGNATION	End-User	DoPAC Head	President

VSU Market, Pangasinan, Baybay City
ALLAN M. BANTUGAN - Prop.
NON-VAT Reg. TIN: 256-086-459-000

SALES INVOICE

Date: Nov. 24, 2022

Sold to: DOPAC

TIN/SC-TIN:

OSCA/PWD ID No.:

Business Style

Address:

QTY	UNIT	ARTICLES	UNIT PRICE	AMOUNT
4		Distilled water	100	400
			Total Sales	
			Less: SC/PWD-Discount	
No? 008088			TOTAL AMOUNT	1100

100 Bkts. (50x2) 5001 - 10000
 BIR Authority T1 Print No. 2AU0002338285
 Date issued: 9-20-2019 Valid Until: 9-21-2024

AJJA PRINTERS, D. Veloso St., Baybay City
TIN: 185-725-307-000NV Cel 0945 218-4584

Printer's Accreditation No.: 089MP2019000000000000
Date issued: 04/25/2019

"THIS DOCUMENT IS NOT VALID FOR CLAIMING INPUT TAXES"
THIS SALES INVOICE SHALL BE VALID FOR FIVE (5) YEARS FROM THE DATE OF ATP

Signature over Printed Name
Name of Requestor

Approved by:

ELIZABETH S. QUEVEDO

Signature over Printed Name
Name of Immediate Supervisor

B	<i>Paid by:</i>
---	-----------------

Signature over Printed Name
Petty Cash Custodian

Cash Received by: Amaboy
JANE M. ABAPO

Signature over Printed Name

Payee

Date: 11-28-22

ER

No.: 2022-12-6044

Date : 11.25.22

Responsibility Center Code:
02-206441-2022-09-

II. To be filled out upon liquidation

Total Amount Granted	480.00
----------------------	--------

Total Amount Paid per
OR/Invoice No. 008088 450.00

Amount Refunded/
(Reimbursed)

C

☐ *Received Refund*

☐ Reimbursement Paid

JANE M. ABAPO

Signature over Printed Name
Petty Cash Custodian

D

☒ *Liquidation Submitted*

Reimbursement Received by:

JANE M. ABAPO

Signature over Printed Name

Pavee

Date: 11-28-22



Appendix 48

ER	No. : <u>2022-12-0041</u>
	Date : <u>11.26.22</u>
	Responsibility Center Code: 02-206441-2022-09-
II. To be filled out upon liquidation	
Total Amount Granted	<u>925.75</u>
Total Amount Paid per OR/Invoice No. <u>3882</u>	<u>925.75</u>
Amount Refunded/ (Reimbursed)	
C	☐ Received Refund ☐ Reimbursement Paid
<u>Jane M. Abapo</u> JANE M. ABAPO Signature over Printed Name Petty Cash Custodian	
D	☒ Liquidation Submitted ☐ Reimbursement Received by:
<u>Jane M. Abapo</u> JANE M. ABAPO Signature over Printed Name Payee Date: <u>11-28-22</u>	

ML Quezon St., Zone 11 Baybay City
NOEL V. ASILOM - Proprietor
VAT Reg TIN: 938-203-925-000

№ 8341

[illegible]

☐ CASH ☐ CREDIT CARD ☐ CHECK CASHIER: <i>gnd</i> RECEIVED ITEMS IN GOOD CONDITION: <i>MARK P. LINDER</i> CUSTOMER	Variable <i>664.29</i> VAT - Exempt VAT - Zero Rated VAT 12% <i>79.71</i> TOTAL SALES LESS: VAT LESS: SC/PWD Discount	Total Invoice Amount Php <i>744.00</i>
--	---	---



OrmacPrintshoppe - Aviles St., Ormac City
TIN: 197-763-797-000 NOM-VAT
Printer's Accreditation No.: 089MP20140000000009
Data Issued: April 08, 2014

100Watts (50x2) 2001-10000
OCN No. 2440001970093
Date issued: May 21, 2018
Valid until: May 30, 2023

"THIS DOCUMENT IS NOT VALID FOR CLAIMING INPUT TAXES"
THIS SALES INVOICE SHALL BE VALID FOR FIVE (5) YEARS FROM THE DATE OF ATP

ER

No. : 2022. 12. 0048

Date : 12-1-22

Responsibility Center Code:

02-206441-2022-09-

II. To be filled out upon liquidation

Total Amount Granted

744. 60

Total Amount Paid per

OR/Invoice No. 8341

744. 62

Amount Refunded/
(Reimbursed)

C



Received Refund

9

Reimbursement Paid

Signature over Printed Name
Name of Requestor

Approved by:

ELIZABETH S. QUEVEDO

Signature over Printed Name
Name of Immediate Supervisor

JANE M. ABAPO

Signature over Printed Name
Petty Cash Custodian

B	<i>Paid by:</i>
---	-----------------

Signature over Printed Name
Petty Cash Custodian

Cash Received by: Analyst
JANE M. ABAPU

Signature over Printed Name

Payee

Date: 12-1-22

D

☒

Liquidation Submitted



Reimbursement Received by:

JANE M. ABAPO

Signature over Printed Name

Payee

Date: 12-5-22

17

MERCURY DRUG - BAYBAY CITY BONIFACIO
A Bonifacio St Baybay
City Western Leyte
VAT REG TIN:000-388-474-00142
TEL NO : (053) 520-5211
MOBILE/VIBER NO: (0908) 813-3584
TOSHIBA 4900 41-CH180 R003 00705
MIN:15040616303794001 [1.5.30] 24

PA # 99 S/S
NAT SPRNG DW 10L 91.00T
480004972024

TOTAL 91.00
AMOUNT TENDERED
CASH 1001.00

TOTAL PAYMENT 1001.00
CHANGE 910.00
** 1 item(s) **

SOLD TO :
ADDRESS :
TIN NO :
BUSINES STYLE :

VATable (T) 81.25
VAT-Exempt Sale (X) 0.00
VAT Zero-Rated Sale(Z) 0.00
VAT - 12% 9.75
Amount Due 91.00

Received Merchandise in Good Condition
Sa Mercury Drug Nakasisiguro Gamot
ay Laging Bago!!
Maraming Salamat Po...

Phillogix Systems, Inc.
433 Lt. Artiaga St. Brgy Corazon de
Jesus, San Juan, Metro Manila
VAT REG TIN : 205-713-621-00000
Accred No.: 042-205713621-000336-18404
PTU No.:FP042015-116-0029675-00142

TXN#025437-1 12-02-22 10:45A QUIN
OR#107053987244
- THIS IS YOUR OFFICIAL RECEIPT -

Appendix 48

CASH VOUCHER		No. : <u>2082-12-0049</u>
		Date : <u>12-1-22</u>
		Responsibility Center Code: 02-206441-2022-09-
I. Request	II. To be filled out upon liquidation	
Amount		
91.00	Total Amount Granted	91.00
	Total Amount Paid per OR/Invoice No. <u>107053987244</u>	
	Amount Refunded/ (Reimbursed)	91.00
ABAPO nted Name estor	C ☐ Received Refund ☐ Reimbursement Paid <u>Jmabaya</u> JANE M. ABAPO Signature over Printed Name Petty Cash Custodian	
QUEVEDO nted Name Supervisor	D ☒ Liquidation Submitted ☐ Reimbursement Received by: <u>Jmabaya</u> JANE M. ABAPO Signature over Printed Name Payee Date: <u>12-1-22</u>	

Jane M. Abapo
Signature over Printed Name
Petty Cash Custodian

Cash Received by: Jmabaya
JANE M. ABAPO

Signature over Printed Name
Payee
Date: 12-1-22

19
10

MERCURY DRUG - BAYBAY CITY BONIFACIO
A Bonifacio St Baybay
City Western Leyte
VAT REG TIN:000-388-474-00142
TEL NO : (053) 520-5211
MOBILE/VIBER NO: (0908) 813-3584
TOSHIBA 4900 41-BK678 R001 00705
MIN:15040616303794002 [1.5.30] 24

Appendix 48

PA # 2 GIE
RTMED VIT BCMPLX 90.00T
480778853338 18 @ 5.00
RHEA ASCORBS500MG 230.00T
480006750720 100 @ 2.30
CEELIN T-100mg30 133.25T
480778841690
ATC 11 E 500MG 108.00T
480651890033 18 @ 6.00
FORTI-D CAP800IU 117.00T
480778855862 18 @ 6.50

TOTAL 678.25
AMOUNT TENDERED
CASH 1000.00

TOTAL PAYMENT 1000.00
CHANGE 321.75
** 155 item(s) **

ORDER #00392
SOLD TO :
ADDRESS :
TIN NO :
BUSINES STYLE :

VATable (T) 605.58
VAT-Exempt Sale (X) 0.00
VAT Zero-Rated Sale(Z) 0.00
VAT - 12% 72.67
Amount Due 678.25

SUKI #: 0009836630
NAME: ABAPO JANE M

SUKI POINTS PREVIOUS : 96
SUKI POINTS REDEEMED : 0
SUKI POINTS EARNED : 4
SUKI EXTRA PTS EARNED : 0
SUKI POINTS BALANCE : 100

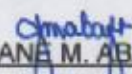
Received Merchandise in Good Condition
Sa Mercury Drug Nakasisiguro Gamot
ay Laging Bago!!
Maraming Salamat Po...

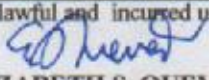
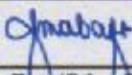
Phillogix Systems, Inc.
433 Lt. Artiaga St. Brgy Corazon de
Jesus, San Juan, Metro Manila
VAT REG TIN : 205-713-621-00000
Accred No.: 042-205713621-000336-18404
PTU No.:FP042015-116-0029676-00142

TXN#779733 12-04-22 05:41P JOAN
OR#107051740596

- THIS IS YOUR OFFICIAL RECEIPT -

CASH VOUCHER		No. : <u>2022-12-0050</u>	
		Date : <u>12-2-22</u>	
		Responsibility Center Code: 02-206441-2022-09-	
request	II. To be filled out upon liquidation		
Amount			
= 90.00	Total Amount Granted	678.25	
= 230.00	Total Amount Paid per		
= 133.25	OR/Invoice No. <u>107051740596</u>	678.25	
= 108.00	Amount Refunded/		
= 117.00	(Reimbursed)		
678.25			
APO ted Name estor	C	☐ Received Refund ☐ Reimbursement Paid	
JEVEDO ted Name Supervisor	JANE M. ABAPO Signature over Printed Name Petty Cash Custodian		
	D	☒ Liquidation Submitted ☐ Reimbursement Received by:	
ted Name odian	JANE M. ABAPO Signature over Printed Name Payee		
	Date: <u>12-5-22</u>		

INSPECTION & ACCEPTANCE REPORT					
VISAYAS STATE UNIVERSITY					
Agency					
Supplier:				AR No.	
PO No.			Date : December 12, 2022		
Requisitioning Dept.	DoPAC				
Stock No.	Unit	Particulars	Qty	Unit Cost	Total
1	gal	Distilled Water 10ltrs/bot	1	400.00	400.00
2	gal	Absolute Distilled water 6ltrs	2	88.00	176.00
3	gal	Nature Spring Water 10ltrs	1	105.00	105.00
4	bot	Premio White wine	1	289.00	289.00
5	bot	Eagle Hawk white wine	1	399.00	399.00
6	bot	Carlo Rossi white wine	1	349.00	349.00
7	bot	Vinegar-apple cider	1	177.75	177.75
8	pcs	Trash can	3	248.00	744.00
9	gal	Distilled Water 10ltrs/bot	1	91.00	91.00
10	pcs	Vit B complex	18	5.00	90.00
11	pcs	Vit C 500mg	100	2.30	230.00
12	bot	Vit C 100mg	1	133.25	133.25
13	pcs	Vit E 500mg	18	6.50	117.00
14	pcs	Vit D	18	6.00	108.00
15	gal	Distilled Water 10ltrs/bot	1	105.00	105.00
			TOTAL		3,514.00
Date Inspected: ☐ Inspected, verified and found OK as to quality and specifications MA. FE A. BASLAN Inspection Officer/Inspection Committee Date Received: ☐ Complete ☐ Partial  JANE M. ABAPO Lab. Aide					

	VISAYAS STATE UNIVERSITY Entity Name		Fund Cluster : STF -Lab Fees 27-Sep-22 DV No. :	
	DISBURSEMENT VOUCHER			
Mode of Payment	☐ MDS Check ☐ Commercial Check ☐ ADA ☐ Others (Please specify)			
Payee	JANE M. ABAPO	TIN/Employee No.:	ORS/BURS No.:	
Address	VSU, Baybay City, Leyte			
Particulars		Responsibility Center	MFO/PAP	Amount
Replenishment of Laboratory expenses with pertinent papers hereto attached in the amount of.....				3,514.00
Amount Due				3,514.00
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.  ELIZABETH S. QUEVEDO Printed Name, Designation and Signature of Supervisor				
B. Accounting Entry:				
Account Title		UACS Code	Debit	Credit
C. Certified:		D. Approved for Payment		
☐ Cash available ☐ Subject to Authority to Debit Account (when applicable) ☐ Supporting documents complete and amount claimed proper				
Signature		Signature		
Printed Name		Printed Name	EDGARDO E. TULIN	
Position	Head, Accounting Unit	Position	President	
Date		Date		
E. Receipt of Payment				JEV No.
Check/ADA No.:		Date:	Bank Name & Account Number:	
Signature:		Date:	Printed Name: JANE M. ABAPO	Date
Official Receipt No. & Date/Other Documents				