


BUDGET UTILIZATION REQUEST AND STATUS VISAYAS STATE UNIVERSITY Entity Name				Serial No. : 02-101101-2024- Date : 08 May 2024 Fund Cluster : STF			
Payee	Vivian P. Lina						
Office	Dept. of Pure and Applied Chemistry						
Address	Visayas State University, Visca, Baybay City, Leyte						
Responsibility Center	Particulars	MFO/PAP	UACS Object Code/	Amount			
Training	TO REIMBURSEMENT for Registration Fee (VAT inclusive) for the online training entitled "Economic and Societal Impact of the Lab of the Future" on April 4-5, 2024, 3 persons @1,500 each	301 000000	50202010	4,500.00			
	Total			4,500.00			
A.	Certified: Charges to appropriation/budget necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal Signature :  Printed Name: ELIZABETH S. QUEVEDO Position : Head, DoPAC Head, Requesting Office/Authorized Date : _____		B.	Certified: Budget available and utilized for the purpose/adjustment necessary as indicated above Signature : _____ Printed Name: ALICIA M. FLORES Position : HEAD Head, Budget Division/Unit/Authorized Date : _____			
C.	STATUS OF UTILIZATION						
Reference			Amount				
Date	Particulars	BURS/JEV/RCI/ RADAI/RTRAI No.	Utilization	Payable	Payment	Balance	
			(a)	(b)	(c)	Not Yet Due (a-b)	Due and Demandable (b-c)
	Utilization	02-101101-2024-					

In Settlement of the following:	
Particulars	Amount
Registration fee:	
Visa	
Amount	P1,500-
Total Sales	
Less: Withholding Tax	
Total Amount Due	P1,500-
FORM OF PAYMENT	
Cash <input type="checkbox"/>	Check <input type="checkbox"/>
BANK <u>P1,500</u>	

Printer's Accreditation No. 048MP201900000000007
Date Accredited: 02/22/19 Expiry Date: 02/21/24

PHILIPPINE ALLIANCE OF LABORATORY EQUIPMENT USERS

96 C. Jose Street Malibay Barangay 1 NCR, Fourth District 1300

Pasay City NCR, Fourth District Philippines

NON VAT REG. TIN: 007-031-700-00000

No

2294

OFFICIAL RECEIPT

Date 03-27-2024

Received from VISCA STATE UNIVERSITY

Engage in the Business Style of - TIN -

Address VISCA, PASAY CITY, LGU, PHILIPPINES 6521-A

The amount of pesos ONE THOUSAND FIVE HUNDRED

ONLY (P 1,500-)

In partial/full payment for APR 4, 2024 EVENT

10 Bkts. (50x2) 2001-2500
BIR ATP No.: OCN: 051AU20210000005568
Date of ATP: 11/26/2021
Expiry Date: 11/25/2026

BONS COMMERCIAL PRESS
6811 Santuico St., Pio del Pilar, Makati City
Mobile No.: 0917-751-9902
VAT REG. TIN: 100-179-405-00000

By: [Signature]
Cashier/Authorized Representative

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

In Settlement of the following:

Particulars	Amount
Registration of: - VIVIAN P. LUNA @ 1,500	
Total Sales	
Less: Withholding Tax	
Total Amount Due	1,500
FORM OF PAYMENT	
Cash <input type="checkbox"/>	Check <input type="checkbox"/>
BANK	1,500

Printer's Accreditation No. 048MP201900000000007
Date Accredited: 02/22/19 Expiry Date: 02/21/24

PHILIPPINE ALLIANCE OF LABORATORY EQUIPMENT USERS

96 C. Jose Street Malibay Barangay 1 NCR, Fourth District 1300
Pasay City NCR, Fourth District Philippines
NON VAT REG. TIN: 007-031-700-00000

Nº

2275

OFFICIAL RECEIPT

Date 03-28-2024

Received from VISAYAS STATE UNIVERSITY

Engage in the Business Style of TIN

Address VISCA, PAMPANGA CITY, LERTE, PH. 2521

The amount of pesos ONE THOUSAND FIVE HUNDRED ONLY

(P 1,500 -)

In partial/full payment for APRIL 4-5, 2024 EVENT

10 Bkts. (50x2) 2001-2500

BIR ATP No.: OCN: 051AU20210000005566

Date of ATP: 11/26/2021

Expiry Date: 11/25/2026

BONS COMMERCIAL PRESS

6811 Santuico St., Pio del Pilar, Makati City

Mobile No.: 0917-751-9902

VAT REG. TIN: 100-179-405-00000

By: [Signature]

Cashier/Authorized Representative

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

In Settlement of the following:	
Particulars	Amount
REGISTRATION FEE	
RETURN	P 1,500.-
Total Sales	
Less: Withholding Tax	
Total Amount Due	P 1,500.-
FORM OF PAYMENT	
Cash <input type="checkbox"/>	Check <input type="checkbox"/>
BANK <input checked="" type="checkbox"/> P 1,500.-	

PHILIPPINE ALLIANCE OF LABORATORY EQUIPMENT USERS

96 C. Jose Street Malibay Barangay 1 NCR, Fourth District 1300

Pasay City NCR, Fourth District Philippines

NON VAT REG. TIN: 007-031-700-00000

Nº

2365

OFFICIAL RECEIPT

Date 03 27 2024

Received from VISAYAS STATE UNIVERSITY

Engage in the Business Style of - TIN -

Address ASCA, MAYA MAY CITY, LEGASPI, 6521

The amount of pesos (P 1,500)

In partial ☒ full payment for APRIL 4-5, 2024 CHARGES

10 Bklets. (50x2) 2001-2500

BIR ATP No.: OGN: 051AU20210000005565

Date of ATP: 11/25/2021

Expiry Date: 11/25/2028

EONS COMMERCIAL PRESS

8811 Santuico St., Pio del Pilar, Makati City

Mobile No.: 0917-751-9902


VAT REG. TIN: 100-178-405-00000

By: [Signature]

Cashier/Authorized Representative

Printer's Accreditation No. 048MP20190000000007
Date Accredited: 02/22/19 Expiry Date: 02/21/24

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

VISAYAS STATE UNIVERSITY Entity Name DISBURSEMENT VOUCHER				Fund Cluster : Date : May 8, 2024 DV No. :	
Mode of Payment <input checked="" type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify)					
Payee		VIVIAN P. LINA		TIN/Employee No.:	
Address					
Particulars		Responsibility Center		MFO/PAP	
TO REIMBURSEMENT for Registration Fee (VAT inclusive) for the online training entitled "Economic and Societal Impact of the Lab of the Future" on April 4-5, 2024, 3 persons @1,500 each <div style="text-align: right;">Amount Due</div>				P 4,500.00	
				p 4,500.00	
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. <div style="text-align: center;">  ELIZABETH S. QUEVEDO - Head, DoPAC Printed Name, Designation and Signature of Supervisor </div>					
B. Accounting Entry:					
Account Title		UACS Code		Debit	
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		Printed Name			
NICK FREDDY R. BELLO		PROSE IVY G. YEPES			
Position		Position			
Accountant IV		President			
Head, Accounting Unit/Authorized Representative		Agency Head/Authorized Representative			
Date		Date			
E. Receipt of Payment				JEV No.	
Check/ ADA No. :		Date :		Bank Name & Account Number:	
Signature :		Date :		Printed Name:	
Official Receipt No. & Date/Other Documents					