BUDGET UTILIZATION REQUEST AND STATUS Entity Name					Serial No. :			
Payee	ViCAR	RP 1.24						
Office	VSU-V	'iCARP						
Address	VISAY	VISAYAS STATE UNIVERSITY						
Responsibil ty Center	i	Particulars		MFO/PAP	UACS Object Code/ Expenditures	Ar	mount	
	fee dur Region	ransfer for the payment ring the 36th Joint ViCA all RDE Symposium on 024 at RDE Hall, VSU, Leyte.	RP-AFREDN November 27-				8,250	
A. rtif	i Charge	Total es to appropriation/budg	get necessary,		d: Budget avail:			
law	ful and u		ion; and suppor	rting the purp	d: Budget availabose/adjustment			
law do	rful and u	es to appropriation/budg	ion; and suppor	ting the purp indicate	pose/adjustment ed above			
law do Signature	ULYSSI Project I	es to appropriation/budg inder my direct supervisi valid, proper and legal	uthorized	the purp indicate	ALICIA M Head, Budge	necessary as	/Authorized	
law do Signature Printed Name:	ULYSSI Project I Hea	es to appropriation/budg inder my direct supervisi valid, proper and legal ES A. CAGASAN Leader ad, Requesting Office/Au Representative	uthorized	Signature : Printed Name: Position :	ALICIA M Head, Budge	M. FLORES udget office t Division/Unit	d for	
law do do Signature Printed Name: Position Date	ULYSSI Project I Hea	es to appropriation/budg under my direct supervisi valid, proper and legal ES A. CAGASAN Leader ad, Requesting Office/Au	uthorized	Signature : Printed Name: Position : Date :	ALICIA M Head, Budge	M. FLORES udget office t Division/Unit Representative	d for	
law do do Signature Printed Name: Position Date	ULYSSI Project I Hea	es to appropriation/budg inder my direct supervisi valid, proper and legal ES A. CAGASAN Leader ad, Requesting Office/Au Representative	uthorized STATUS Utilization	Signature : Printed Name: Position : Date : Payable	ALICIA M Head, Budge	M. FLORES udget office t Division/Unit Representative	d for	
law do do Signature Printed Name: Position Date	ULYSSI Project I Hea	es to appropriation/budg inder my direct supervisi valid, proper and legal ES A. CAGASAN Leader ad, Requesting Office/Au Representative	uthorized	Signature : Printed Name: Position : Date :	ALICIA M Head, Budge ON Amount	M. FLORES udget office t Division/Unit Representative	Authorized ance Due and	