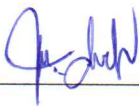
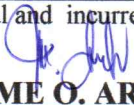


BUDGET UTILIZATION REQUEST AND STATUS						Serial No. : _____	
VISAYAS STATE UNIVERSITY Entity Name						Date : '4/11/2023'_____	
						Fund Cluster : _____	
Payee		JEROME O. ARRIBADO					
Office		Eco-FARMI					
Address		VSU, VISCA, Baybay City, Leyte					
Responsibility Center	Particulars	MFO/PAP	UACS Object Code/ Expenditures	Amount			
Seedbank C	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.		B.					
Certified: Charges to appropriation/budget necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal		Certified: Budget available and utilized for the purpose/adjustment necessary as indicated above					
Signature _____ 		Signature : _____					
Printed Name: JEROME O. ARRIBADO		Printed Name: ALICIA M. FLORES					
Position Director, Eco-FARMI Head, Requesting Office/Authorized Representative		Position : Administrative Officer III Head, Budget Division/Unit/Authorized Representative					
Date _____		Date : _____					
C.		STATUS OF UTILIZATION					
Reference			Amount				
Date	Particulars	BURS/JEV/RCI/ RADAI/RTRAI No.	Utilization (a)	Payable (b)	Payment (c)	Balance	
						Not Yet Due (a-b)	Due and Demandable (b-c)

VISAYAS STATE UNIVERSITY Entity Name DISBURSEMENT VOUCHER				Fund Cluster : Date : 4/11/2023 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	JEROME O. ARRIBADO		TIN/Employee No.:	ORS/BURS No.:	
Address	VSU, VISCA, BAYBAY CITY, LEYTE				
Particulars			Responsibility Center	MFO/PAP	Amount
To Petty Cash Advance for the purchase of materials to be used in the project as per the papers attached, amounting to..... Amount Due			Seedbank C		5,000.00
					5,000.00
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. <div style="text-align: center;">  JEROME O. ARRIBADO Printed Name, Designation and Signature of Supervisor </div>					
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	OIC, HEAD Head, Accounting Unit/Authorized Representative		Position	President Agency Head/Authorized Representative	
Date			Date		
E. Receipt of Payment					JEV No. Date
Check/ADA No. :		Date :	Bank Name & Account Number:		
Signature :		Date :	Printed Name:		
Official Receipt No. & Date/Other Documents					