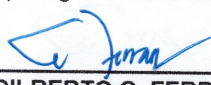
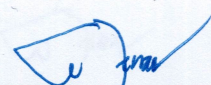
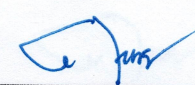


<b>BUDGET UTILIZATION REQUEST AND STATUS</b>				No.: _____		
<b>VISAYAS STATE UNIVERSITY</b>				Date: <u>December 3, 2021</u>		
Visca, Baybay City, Leyte				Fund: <u>STF</u>		
Payee:	<b>DALISAY F. ANDRES</b>					
Office:	BAC					
Address:	VSU, Visca, City of Baybay, Leyte					
Responsibility Center	Particulars	MFO/PAP	UACS Code / Expenditure	Amount		
STF	LIQUIDATION OF Cash Advance	100000000	5020	P	(3,300.00)	
	Total CA					5,000.00
	Less: Actual Expenses					8,300.00
	Refundable					-3,300.00
<b>TOTAL</b>				<b>P</b>	<b>(3,300.00)</b>	
<b>A</b> Certified: Charges to appropriation/allotment necessary, lawful and under my direct supervision and supporting documents valid, proper and legal  Signature  Printed Name <b>DILBERTO O. FERRAREN</b> Position <b>Chairman, BAC</b> Date <b>December 3, 2021</b>			<b>B</b> Certified: Allotment available and obligated for the purpose/adjustment necessary as indicated above  Signature _____ Printed Name <b>ALICIA M. FLORES</b> Position <b>Administrative Officer III</b> Head, Budget Unit/Authorized Representative Date _____			
<b>STATUS OF OBLIGATION</b>						
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
	Obligations		P (3,300.00)		P (3,300.00)	
<b>TOTALS</b>			P (3,300.00)		P (3,300.00)	

<b>A</b> CERTIFIED: Expenses cash advance necessary, lawful and incurred under my direct supervision.  <div style="text-align: center;">   <b>DILBERTO O. FERRAREN</b>            Chairman, BAC         </div>				
<b>B</b> ACCOUNTING ENTRY:				
ACCOUNT TITLE		UACS CODE	DEBIT	CREDIT
<b>C</b> CERTIFIED: <div style="margin-left: 20px;"> <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           </div> SIGNATURE _____ PRINTED NAME <b>NICK FREDDY R. BELLO</b> POSITION <b>OIC Head, Accounting Unit</b> (Head, Accounting Unit/Authorized Representative) DATE _____		<b>D</b> APPROVED FOR PAYMENT: <div style="text-align: center;">   <b>EDGARDO E. TULIN</b>            President            (Agency Head/Authorized Representative)           </div> SIGNATURE _____ PRINTED NAME _____ POSITION _____ DATE _____		
<b>E</b> RECEIPT OF PAYMENT:				
CHECK / ADA NO.:	DATE:	BANK NAME & ACCOUNT NUMBER:		
SIGNATURE:	DATE:	PRINTED NAME:		
<b>DALISAY F. ANDRES</b>				
OFFICIAL RECEIPT NO. & DATE/OTHER DOCUMENTS:				