

<b>BUDGET UTILIZATION REQUEST</b> VISAYAS STATE UNIVERSITY Visca, Baybay City, Leyte				No: 06-206441-2022-07- Date: July 21, 2022 Fund:		
Payee/Office		GELBERTO P. VALDEVIESO				
Office		ECO FARM I				
Address		VSU				
Responsibility Center	PARTICULARS	MFO/PAP	UACS Code/Expenditure	Amount		
	PER DIEM	303000000		600		
MMDC						
		(Research)				
<b>TOTAL</b>				<b>600</b>		
Certified: Charges to appropriation/allotment necessary, lawful and under my direct supervision, supporting documents valid, proper and legal.			Certified: Allotment available and obligated for the purpose. Adjustment necessary as indicated above.			
Signature:		Signature:				
Printed Name		Printed Name		ALICIA M. FLORES		
Position		Position		Head, Budget Office		
Date:		Date:				
<b>STATUS OF OBLIGATION</b>						
Reference			Amount			
Date	Particulars	ORS/JEV/RC/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
		<b>TOTAL</b>	<b>600.00</b>			

VISAYAS STATE UNIVERSITY DISBURSEMENT VOUCHER				Fund Cluster:	
				Date: July 21, 2022	
				DV No:	
Mode of Payment	[ ] MDS Check [ ] Commercial Check [ ] ADA [ ] Others (Please specify)				
Payee	GELBERTO P. VALDEVIESO		TIN/Employee No.		ORS/BURS No:
Address	NCRC-VSU				
Particulars			Responsibility Center	MFO/PAP	Amount
REIMBURSEMENT of per diem per supporting papers hereto attached in the amount of . . .			MMDC		600.00
A) Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision					
<p style="text-align: center;">ULDERICO B. ALVIOLA Head, MMDC Printed Name, Designation and Signature of Supervisor</p>					
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	NICK FREDDY R. BELLO		Printed Name	EDGARDO E. TULIN	
Position	Accountant IV/Head, Accounting Unit		Position	President	
Date			Date		
E) Receipt of Payment				JEV No.	
Check/ADA No.		Date:	Bank Name & Account No.		
Signature	GELBERTO P. VALDEVIESO	Date:	Printed Name:		
Official Receipt No. & Date /Other Documents					