

BUDGET UTILIZATION REQUEST AND STATUS				No.: MOOE 02 206441 2016		
VISAYAS STATE UNIVERSITY				Date: November 29, 2021		
Visca, Baybay City, Leyte				Fund: GF		
Payee:		Rev Rhizza L. Aure				
Office:		DPhys				
Address:		VSU, Visca, Baybay City, Leyte				
Responsibility Center	Particulars	MFO/PAP	UACS Code / Expenditure	Amount		
GF	REIMBURSEMENT of registration fee as per supporting papers hereto attached in the amount of	301000000	50203010 00	500.00		
Total				500.00		
A Certified: Charges to appropriation/allotment necessary, lawful and under my direct supervision and supporting documents valid, proper and legal Signature _____ Printed Name <u>Rev Rhizza L. Aure</u> Position <u>Head, DPhys</u> Date _____			B Certified: Allotment available and obligated for the purpose/adjustment necessary as indicated above Signature _____ Printed Name <u>ALICIA M. FLORES</u> Position <u>OIC-Head, Budget Unit/Authorized Representative</u> Date _____			
C STATUS OF OBLIGATION						
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
	Obligation	02 206441 2016	500.00		500.00	
	Totals		500.00		500.00	

**VISAYAS STATE UNIVERSITY**

Entity Name

DISBURSEMENT VOUCHER

Fund Cluster :

General Fund

Date : Nov. 29, 2021

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	Rev Rhizza L. Aure	TIN/Employee No.:	ORS/BURS No.:
Address	VSU, Baybay City, Leyte		
Particulars	Responsibility Center	MFO/PAP	Amount
REIMBURSEMENT of registration fee as per supporting papers hereto attached in the amount of	GF	301000000	500.00
Amount Due			500.00
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. REV RHIZZA L. AURE Head, Department of Physics			
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, Accounting Unit/Authorized Representative	Position	Agency Head/Authorized Representative
Date		Date	
E. Receipt of Payment			JEV No.
Check/ADA No. :	Date :	Bank Name & Account Number:	Date
Signature :	Date :	Printed Name:	
Official Receipt No. & Date/Other Documents			