LIQUIDATION REPORT

VISAYAS STATE UNIVERSITY

Agency

No.	
Date	
Responsibility Center Code:	
ODIE Allotment Fund	

		ODIL Allotinent i di	IG		
P	ARTICULARS		Am	nount	
The state of the s	H of Dr. MA. RACHEL KIM AURE ials for the office in the amount of .		4,907	00	
TOTAL AMOUNT SPENT		→	4,907	.00	
AMOUNT OF CASH ADVANCE PE	ER DV NO DTD		5,000	.00	
AMOUNT REFUNDED PER OR N	O DTD		93	.00	
AMOUNT TO BE REIMBURSED		\rightarrow			
A Certified: Correctness of the above data MA. RACHEL KIM L. AURE	B Certified: Purpose of travel/ cash advance duly accomplished BEATRIZ/S. BELONIAS	C Certified: Suppo complete and pr	roper		
Claimant	VP for Academic Affairs	Chief Acctg. Divisio	n	JEV No.	