

GF

Annex G

BUDGET UTILIZATION REQUEST AND STATUS VISAYAS STATE UNIVERSITY Visca, Baybay City, Leyte				No.: MOOE 02 206441 2016		
				Date: November 29, 2021		
				Fund: GF		
Payee:	Oliver D. Semblante					
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☐

MDS Check

☐

Commercial Check

☐

ADA

☐

Others (Please specify)

Payee

Oliver D. Semblante

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:

☐

Cash available

☐

Subject to Authority to Debit Account (when applicable)

☐Supporting documents complete and amount claimed
proper

D. Approved for Payment

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:	
Signature :		Date :	Printed Name:	Date
Official Receipt No. & Date/Other Documents				