BUDGET UTILIZATION REQUEST AND STATUS Entity Name					Serial No. :			
Payee	LO	DREME S. CAGANDE						
Office		PARTMENT OF AGRE					•	
Address	1							
Responsibility	VIS	SAYAS STATE UNIVE	RSITY	2				
Center	1	Particular	S	MFO	/PAP	UACS (Δ
Department of Agronomy		Replenishment of Pett	y Cash Fund		io i	Cod	le/	Amount 5,854
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Certified: lawful: do	cument	s valid, proper and legal	and cumment:	B. Signature	necess	for the p	get availab urpose/adj licated abo	le and
Certified: lawful : doc gnature :	DI	s valid, proper and legal	and cumment:	ng	necess	for the property as ind	urpose/adi	le and ustment ve
Certified: lawful: do	DI	s valid, proper and legal	a; and supporting	Signature	necess	ALICIA Head	urpose/adj licated abo	le and ustment ve
Certified: lawful do	DI H	NESIO M. BAÑOC Jead, DA d, Requesting Office/Aut	thorized	Signature Printed Na Position Date	necess	ALICIA Head	urpose/adj licated abo	PRES Office
Certified: lawful do	DI	NESIO M. BAÑOC Jead, DA d, Requesting Office/Aut	a; and supporting	Signature Printed Na Position Date	necess	ALICIA Head	urpose/adj licated abo	le and ustment ve
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Certified: lawful do	DIO H Head	NESIO M. BAÑOC dead, DA d, Requesting Office/Aut BURS/JEV/RCI/	thorized	Signature Printed Na Position Date	necess :	ALICIA Head He	A M. FLO J. Budget of Ba Not Yes	PRES Office et lance Due t and