

VISAYAS STATE UNIVERSITY

Visca, Baybay City, Leyte

No.:

Date:

December 7, 2021

Fund:

STF

Payee:	LILIBETH VICTORIA V. PAGALAN			
Office:	Eco-FARMI			
Address:	VSU, Visca, Baybay City, Leyte			
Responsibility Center	Particulars	MFO/PAP	UACS Code / Expenditure	Amount
FARMI SEED BANK C 2021	REPLENISHMENT OF PETTY CASH FUND for the purchase of supplies and materials as pers papers attached amounting to....	100000000	5020301000	P 5,578.00
TOTAL				P 5,578.00

A Certified: Charges to appropriation/allotment necessary, lawful and under my direct supervision and supporting documents valid, proper and

Signature

Printed Name

DHENBER C. LUSANTA

Position

OIC, Eco FARMI

Date

December 7, 2021

B Certified: Allotment available and obligated for the purpose/adjustment necessary as indicated above

Signature

Printed Name

ALICIA M. FLORES

Position

Administrative Officer

OIC Head, Budget Unit/Authorized Representative

Date

C

STATUS OF OBLIGATION

Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RAD AI No.	Obligation	Payment	Not Yet Due	Due and Demandable
	Obligations		P 5,578.00		P 5,578.00	
		TOTALS	P 5,578.00		P 5,578.00	



Republic of the Philippines
VISAYAS STATE UNIVERSITY
Visca, Baybay City, Leyte

DISBURSEMENT VOUCHER

FUND CLUSTER:

MODE OF PAYMENT

☐ MDS CHECK

☐ COMMERCIAL CHECK

☐ ADA

☐ OTHERS _____

DATE: 12/07/21

DVD NO _____

PAYEE/OFFICE

LILIBETH VICTORIA V. PAGALAN

TIN/Employee No.

OS/BUS No:

ADDRESS:

VSU, Baybay City, Leyte

	RESPONSIBILITY CENTER	MFO/PAP	AMOUNT
REPLENISHMENT OF PETTY CASH FUND as per papers attached amounting to...	Seed Bank C 2021		5,578.00
AMOUNT DUE →			P 5,578.00

A CERTIFIED: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.

DHENBER O. LUSANTA
OIC, Eco-FARMI

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

SIGNATURE
PRINTED NAME

NICK FREDDY R. BELLO

POSITION

OIC, HEAD of Accounting Office
(Head, Accounting Unit/Authorized Representative)

DATE

D APPROVED FOR PAYMENT:

SIGNATURE
PRINTED NAME

EDGARDO E. TULIN

POSITION

President

(Agency Head/Authorized Representative)

DATE

E RECEIPT OF PAYMENT:

CHECK / ADA NO.:	DATE:	BANK NAME & ACCOUNT NUMBER:	JEV NO.
SIGNATURE:	DATE:	PRINTED NAME:	DATE:
LILIBETH VICTORIA V. PAGALAN			
OFFICIAL RECEIPT NO. & DATE/OTHER DOCUMENTS:			