

# GET UTILIZATION REQUEST AND STATUS VISAYAS STATE UNIVERSITY

Visca, Baybay City, Leyte

No.:

Date:

December 9, 2021

Fund:

STF

Name: 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 2021REPLENISHMENT OF PETTY CASH FUND for  
the purchase of supplies and materials as pers  
papers attached amounting to....

100000000

5020301000

P 6,547.25

TOTAL

P 6,547.25

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

Signature

Printed Name

DHENBER C. LUSANTA

Position

OIC, Eco FARMI

Date

December 9, 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 6,547.25		P 6,547.25	
	TOTALS		P 6,547.25		P 6,547.25	



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

**DISBURSEMENT VOUCHER**

FUND CLUSTER:

☐ MDS CHECK ☐ COMMERCIAL CHECK ☐ ADA ☐ OTHERS \_\_\_\_\_

DATE: 12/09/21  
DVD NO: \_\_\_\_\_

PAYEE/OFFICE

TIN/Employee No.

OS/BUS No:

LILIBETH VICTORIA V. PAGALAN

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		6,547.25

AMOUNT DUE →

P 6,547.25

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

DHENBER C. 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:

JEV NO.

CHECK / ADA  
NO.:

DATE:

BANK NAME & ACCOUNT NUMBER:

SIGNATURE:

LILIBETH VICTORIA V. PAGALAN

DATE:

PRINTED NAME:

DATE:

OFFICIAL RECEIPT NO. & DATE/OTHER DOCUMENTS: