

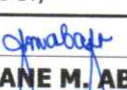
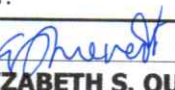
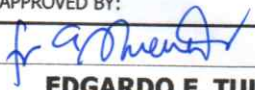


BUDGET UTILIZATION REQUEST AND STATUS VISAYAS STATE UNIVERSITY Visca, Baybay City, Leyte				No.: 02-206441-2022-11-	
				Date: November 9, 2022	
				Fund: STF	
Payee:	JANE M. ABAPO				
Office:	DoPAC				
Address:	VSU, Visca, Baybay City, Leyte				
Responsibility Center	Particulars	MFO/PAP	UACS Code / Expenditure		
DoPAC	Replenishment of Cash Advance...			1,979.00	
Total				1,979.00	
A Certified: Charges to appropriation/allotment necessary, lawful and under my direct supervision and supporting documents valid, proper and legal Signature  Printed Name ELIZABETH S. QUEVEDO Position Head, DoPAC Date _____			B Certified: Allotment available and obligated for the purpose/adjustment necessary as indicated above Signature _____ Printed Name ALICIA M. FLORES Position Head, Budget Unit/Authorized Representative Date _____		
C STATUS OF OBLIGATION					
Reference			Amount		
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due
		02-206441-2022-11-	1,979.00		1,979.00
Totals			1,979.00		1,979.00

PURPOSE		For laboratory use.	
CHECKED BY:		CHARGED TO:	
 DOREEN ALBA Technical Working Group		ALICIA M. FLORES Budget Officer	
REQUESTED BY:		NOTED BY:	
SIGNATURE		APPROVED BY:	
 JANE M. ABAPO End-User		 ELIZABETH S. QUEVEDO Unit Head/Project Leader	
		 EDGARDO E. TULIN President	

**VISAYAS STATE UNIVERSITY**

Entity Name


DISBURSEMENT VOUCHER

Fund Cluster :

STF

Nov. 9, 2022

DV No. :

Mode of Payment	<input type="checkbox"/> MDS Check <input checked="" type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify)			
Payee	JANE M. ABAPO	TIN/Employee No.:	ORS/BURS No.:	
Address	Visca, Baybay City Leyte			
Particulars		Responsibility Center	MFO/PAP	Amount
TO REPLENISHMENT of Cash Advance with all the required supporting papers hereto attached in the total amount of				1,979.00
Amount Due				1,979.00
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.  ELIZABETH S. QUEVEDO Printed Name, Designation and Signature of Supervisor				
B. Accounting Entry:				
Account Title		UACS Code	Debit	
C. Certified: <input type="checkbox"/> Cash available <input type="checkbox"/> Subject to Authority to Debit Account (when applicable) <input type="checkbox"/> Supporting documents complete and amount claimed proper				
		D. Approved for Payment		
Signature Printed Name Position	NICK FREDDY R. BELLO Head, Accounting Unit	Signature Printed Name	EDGARDO E. TULIN President	
Date		Date		
E. Receipt of Payment				JEV No.
Check/ ADA No. :	Date :	Bank Name & Account Number:		
Signature :	Date :	Printed Name:		
Official Receipt No. & Date/Other Documents				Date