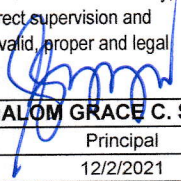
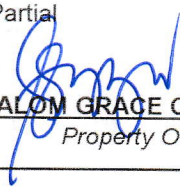

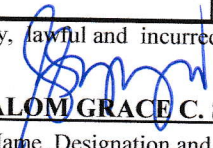


BUDGET UTILIZATION REQUEST AND STATUS				No. MOOE: _____	
VISAYAS STATE UNIVERSITY				Date: 12/2/2021	
Visca, Baybay City Leyte				Fund: _____	
Payee:	VSUIHS SCHOOL CANTEEN				
Office:	VSUIHS				
Address:	Visca, Baybay City, Leyte				
Responsibility Center	PARTICULARS	MFO/PAP	UACS Code/Expenditure	Amount	
STF-VSUIHS	REIMBURSEMENT of the Mineral Water of the VSUIHS School Canteen in the amount of...	301000000		5,041.25	
	Total			5,041.25	
A. Certified: Charges to appropriation/allotment necessary, lawful and under my direct supervision and supporting documents valid, proper and legal Signature:  Printed Name: SHALOM GRACE C. SUGANO Position: Principal Date: 12/2/2021		B. Certified: Allotment available and obligated for the purpose/adjustment necessary as indicated above Signature: _____ Printed Name: ALICIA M. FLORES Position: OIC Head, Budget Office Head, Budget Unit/Authorized Representative Date: _____			
C. STATUS OF OBLIGATION					
REFERENCE				Amount	
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Due and Demandable
	Obligation		5,041.25		5,041.25
		Totals	5,041.25		5,041.25

INSPECTION		ACCEPTANCE
Date Inspected: _____		Date Received: _____
<input type="checkbox"/> Inspected, verified and found OK to quantity and specifications		Complete Partial
MARLON B. Inspection Officer		 SHALOM GRACE C. SUGANO Property Officer

 VISAYAS STATE UNIVERSITY Entity Name DISBURSEMENT VOUCHER		Fund Cluster :	
		Date : Dec. 2, 2021 DV No. :	
Mode of Payment	<input type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify)		
Payee	VSUIHS SCHOOL CANTEEN	TIN/Employee No.:	ORS/BURS No.:
Address	Visca, Baybay City, Leyte		
Particulars		Responsibility Center	Amount
REIMBURSEMENT of the Mineral Water of the VSUIHS School Canteen in the amount of...			5,041.25
			5,041.25
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. <div style="text-align: center;">  SHALOM GRACE C. SUGANO, Ph.D Printed Name, Designation and Signature of Supervisor </div>			
B. Accounting Entry:			
Account Title		UACS Code	Debit Credit
C. Certified:		D. Approved for Payment	
<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			
Signature		Signature	
Printed Name	NICK FREDDY R. BELLO	Printed Name	EDGARDO E. TULIN
Position	Accountant II OIC, Accounting Unit/Authorized Representative	Position	PRESIDENT Agency Head/Authorized Representative
Date		Date	
E. Receipt of Payment			JEV No.
Check/ADA No. :	Date :	Bank Name & Account Number:	
Signature :	Date :	Printed Name: VSUIHS SCHOOL CANTEEN	
Official Receipt No. & Date/Other Documents			