Visca, Baybay City, Leyte Fund:  Payee: PASTOR P. GARCIA Office: GISSU  Address: VSU, Visca, Baybay City Leyte, Leyte Responsibility Center  PETTY CASH ADVANCE for the purchase of supplies/materials as per papers attached amounting to.  TOTAL P 5,000  A Certified: Charges to approprision/allotment necessary, lawful and under my direct super/sion and supporting documents valid, proper and legal  Signature  PASTOR P. GARCIA Pinted Name PASTOR P. GARCIA Position HEAD Position Administrative Officer Head, Budget Unit/Authorized Representative)  PAGENTIAL P 5,000  A Certified: Altomate available and obligated for the purposa/adjustment necessary as indicated above  Signature Pinted Name PASTOR P. GARCIA Position Administrative Officer Head, Budget Unit/Authorized Representative)  PASTOR P. GARCIA Position Administrative Officer Head, Budget Unit/Authorized Representative)  P 5,000.00 P 5,000.00 P 5,000.00 P 5,000.00	GET UTILIZATION REQUEST AND STATUS VISAYAS STATE UNIVERSITY						lub 9, 20	100	
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necessary, lawful and under my direct supervision and supporting documents valid, proper and legal  Signature  Printed Name Position  HEAD Position  HEAD Position  Administrative Officer Head, Budget Unit/Authorized Representative)  TOTALS  P 5,000.00  P 5,0	A Certified:	Charges to appropration/alle	otment	В	Certified:				the
Printed Name Position HEAD Position Administrative Officer Head, Date  Position HEAD Position HEAD Position  HEAD Position HEAD Head, Budget Unit/Authorized Representative Officer Head, Budget Unit/Authorized Representative Officer Head, Budget Unit/Authorized Representative Officer Head, Date Particulars ORS/JEV/RCI/RADAI No. Obligation Payment Not Yet Due Due and Demandable Obligations P 5,000.00 P 5,000.00  TOTALS P 5,000.00 P 5,000.00  P 5,000.00 P 5,000.00  APPROVED FOR PAYMENT:  Cash available Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed Sustainable Supporting District Authority of Debit Account (when applicable) Supporting documents complete and amount claimed Printed Name Printed Name Position President (Agency Mead/Authorized Representative) Date Bank Name & account number:  RECEIPT OF PAYMENT: BELLO DATE BANK NAME & ACCOUNT NUMBER: DATE	Signature	necessary, lawful and unde	r my direct supervision	taga	&ftana	purpose/a	djustment necess		
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