

BUDGET UTILIZATION REQUEST AND STATUS				No.:		
VISAYAS STATE UNIVERSITY				Date: January 17, 2022		
Visca, Baybay City, Leyte				Fund:		
Payee:	ODELO B. BALDOS					
Office:	Eco-FARMI					
Address:	VSU, Visca, Baybay City Leyte, Leyte					
Responsibility Center	Particulars	MFO/PAP	UACS Code/ Expenditure	Amount		
FARMI Seedbank C	PETTY CASH ADVANCE for the purchase of supplies/materials as per papers attached amounting to..	100000000	5020	P	5,000.00	
TOTAL				P	5,000.00	
A Certified: Charges to appropriation/allotment necessary, lawful and under my direct supervision and supporting documents valid, proper and legal Signature _____ Printed Name DHENBER C. LUSANTA Position OIC Director, ECO-FARMI Date January 17, 2022		B Certified: Allotment available and obligated for the purpose/adjustment necessary as indicated above Signature _____ Printed Name ALICIA M. FLORES Position Administrative Officer Head, Budget Unit/Authorized Representative Date _____				
C STATUS OF OBLIGATION						
Reference			Amount			
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	



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: 01/17/22

DVD NO.:

PAYEE/OFFICE

ODELO B. BALDOS

TIN/Employee No.

OS/BUS No:

ADDRESS:

VSU, Baybay City, Leyte

PARTICULARS	RESPONSIBILITY CENTER	MFO/PAP	AMOUNT
PETTY CASH ADVANCE for the purchase of supplies/ materials as per papers attached amounting to...	FARM I Seedbank C		P 5,000.00
AMOUNT DUE →			P 5,000.00

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

DHENBER C. LUSANTA
OIC Director, 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:

ODELO B. BALDOS

DATE:

PRINTED NAME:

DATE:

OFFICIAL RECEIPT NO. & DATE/OTHER DOCUMENTS: