

BUDGET UTILIZATION REQUEST AND STATUS

VISAYAS STATE UNIVERSITY

Visca, Baybay City, Leyte

No.:

Date:

December 9, 2021

Fund:

GF

Payee:

VSU-ViCARP

Office:

Address:

VSU, Visca, City of Baybay, Leyte

Responsibility
Center

Particulars

MFO/PAP

UACS Code /
Expenditure

Amount

TP.UF.009

Payment for the registration fee of the following staff during the 33rd
Regional RDE Symposium on November 17-18, 2021 amounting to.....

100000000

50203100 00

P

4,000.00

TOTAL

P

4,000.00

A

Certified: Charges to appropriation/allotment
necessary, lawful and under my direct supervision
and supporting documents valid, proper and legal

Signature

Printed Name

Position

DHENBER C. LUSANTA

Project Leader

Date

December 9, 2021

B Certified:

Allotment available and obligated for the
purpose/adjustment necessary as
indicated above

Signature

Printed Name

Position

ALICIA M. FLORES

Date

Head, Budget Unit/Authorized Representative

C

STATUS OF OBLIGATION

Reference

Amount

Date

Particulars

ORS/JEV/RCI/RADAI No.

Obligation

Payment

Not Yet Due

Due and
Demandable

Obligations

P

4,000.00

P

4,000.00

TOTALS

P

4,000.00

P

4,000.00



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: 11/19/21

DVD NO.:

PAYEE/OFFICE

VSU-ViCarp

TIN/Employee No.

OS/BUS No:

ADDRESS:

VSU, Baybay City, Leyte

PARTICULARS	RESPONSIBILITY CENTER	MFO/PAP	AMOUNT
Payment for the registration fee of the following staff during the 33rd Regional RDE Symposium on November 17-18, 2021 amounting to..	TP.UF.009		P 4,000.00
AMOUNT DUE →			P 4,000.00

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

POSITION

(Head, Accounting Unit/Authorized Representative)

DATE

NICK FREDDY BELLO

Chief Accountant

D APPROVED FOR PAYMENT:

SIGNATURE

PRINTED NAME

POSITION

DATE

EDGARDO E. TULIN

President

(Agency Head/Authorized Representative)

E RECEIPT OF PAYMENT:

JEV NO.

CHECK / ADA NO.:

DATE:

BANK NAME & ACCOUNT NUMBER:

SIGNATURE:

VSU-ViCarp

DATE:

PRINTED NAME:

DATE:

OFFICIAL RECEIPT NO. & DATE/OTHER DOCUMENTS: