

**BUDGET UTILIZATION REQUEST AND STATUS
VISAYAS STATE UNIVERSITY**

Visca, Baybay City, Leyte

No.:

Date:

December 9, 2021

Fund:

STF

Employee: **LILIBETH VICTORIA V. PAGALAN**Office: **Eco-FARMI**Address: **VSU, Visca, Baybay City, Leyte**

Responsibility Center	Particulars	MFO/PAP	UACS Code / Expenditure	Amount
FARMI SEED BANK C 2021	REPLENISHMENT OF PETTY CASH FUND for the purchase of supplies and materials as per papers attached amounting to....	100000000	5020301000	P 3,555.00
TOTAL				P 3,555.00

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

Signature

Printed Name

DHENBER C. LUSANTA

Position

OIC, Eco FARMI

Date

December 9, 2021

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

Signature

Printed Name

ALICIA M. FLORES

Position

Administrative Officer

OIC Head, Budget Unit/Authorized Representative

Date

C STATUS OF OBLIGATION

Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RAD AI No.	Obligation	Payment	Not Yet Due	Due and Demandable
	Obligations		P 3,555.00		P 3,555.00	
	TOTALS		P 3,555.00		P 3,555.00	



Republic of the Philippines
VISAYAS STATE UNIVERSITY
Visca, Baybay City, Leyte

DISBURSEMENT VOUCHER

FUND CLUSTER:

☐ MDS CHECK

☐ COMMERCIAL CHECK

☐ ADA

☐ OTHERS _____

DATE: 12/09/21

DVD NO

PAYEE/OFFICE

LILIBETH VICTORIA V. PAGALAN

TIN/Employee No.

OS/BUS No:

ADDRESS:

VSU, Baybay City, Leyte

	RESPONSIBILITY CENTER	MFO/PAP	AMOUNT
REPLENISHMENT OF PETTY CASH FUND as per papers attached amounting to...	Seed Bank C 2021		3,555.00

AMOUNT DUE

P 3,555.00

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

DHENBER C. LUSANTA
OIC, 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:

CHECK / ADA
NO.:

DATE:

BANK NAME & ACCOUNT NUMBER:

JEV NO.

SIGNATURE:

LILIBETH VICTORIA V. PAGALAN

DATE:

PRINTED NAME:

DATE:

OFFICIAL RECEIPT NO. & DATE/OTHER DOCUMENTS: