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|---|---|-----------------------|--|--------------------------|-------------|--------------------|
| BUDGET UTILIZATION REQUEST AND STATUS | | | | No.: MOOE 02 206441 2016 | | |
| VISAYAS STATE UNIVERSITY | | | | Date: November 29, 2021 | | |
| Visca, Baybay City, Leyte | | | | Fund: GF | | |
| Payee: | James Roy P. Lesidan | | | | | |
| Office: | DPhys | | | | | |
| Address: | VSU, Visca, Baybay City, Leyte | | | | | |
| Responsibility Center | Particulars | MFO/PAP | UACS Code / Expenditure | Amount | | |
| GF | REIMBURSEMENT of registration fee as per supporting papers hereto attached in the amount of | 301000000 | 50203010 00 | 500.00 | | |
| Total | | | | 500.00 | | |
| A Certified: Charges to appropriation/allotment necessary, lawful and under my direct supervision and supporting documents valid, proper and legal | | | B Certified: Allotment available and obligated for the purpose/adjustment necessary as indicated above | | | |
| Signature _____ Printed Name Rev Rhizza L. Aure Position Head, DPhys Date _____ | | | Signature _____ Printed Name ALICIA M. FLORES Position OIC-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 |
| | Obligation | 02 206441 2016 | 500.00 | | 500.00 | |
| | Totals | | 500.00 | | 500.00 | |

**VISAYAS STATE UNIVERSITY**

Entity Name

DISBURSEMENT VOUCHER

Fund Cluster :

General Fund

Date : Nov. 29, 2021

DV No. :

Mode of
Payment☐

MDS Check

☐

Commercial Check

☐

ADA

☐

Others (Please specify)

Payee

James Roy P. Lesidan

TIN/Employee No.:

ORS/BURS No.:

Address

VSU, Baybay City, Leyte

Particulars

Responsibility
Center

MFO/PAP

Amount

REIMBURSEMENT of registration fee as per supporting
papers hereto attached in the amount of

GF

301000000

500.00

Amount Due

500.00

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

REV RHIZZA L. AURE

Head, Department of Physics

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
proper

D. Approved for Payment

Signature

Signature

Printed
Name

NICK FREDDY R. BELLO

Printed Name

EDGARDO E. TULIN

Position

OIC Head, Accounting Unit/Authorized Representative

Position

Agency Head/Authorized Representative

Date

Date

E. Receipt of Payment

JEV No.

Check/
ADA No. :

Date :

Bank Name & Account Number:

Signature :

Date :

Printed Name:

Date

Official Receipt No. & Date/Other Documents