



March 10, 2023

Dr. Edgardo E. Tulin
President
Visayas State University
Visca, Baybay City, Leyte


Dear Dr. Tulin,

I would like to request that, **Ms. SALOMA B. GISULGA**, of the Institute for Strategic Research and Development Studies be allowed to make a cash advance in the amount of Five Thousand Pesos (P5,000.00) chargeable to BIDANI Trust 101 (20401010-105) for the purchase of supplies and materials needed for trainings and office use.

Hoping for your favorable action on this request.

Thank you.

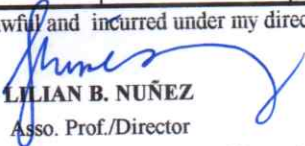
Very truly yours,


LILIAN B. NUÑEZ
Director, ISRDS

APPROVED:

EDGARDO E. TULIN
President

PURCHASE REQUEST VISAYAS STATE UNIVERSITY (Agency)					
Department		ISRDS	PR No.:		Date: 03/10/23
Section		VSU, Visca, Baybay, Leyte	SAI No.:		Date:
			Charge to: 101Trust 20401010-105		
Stock No.	Unit	Item Description	Quantity	Unit Cost	Total Cost
		Supplies/ Materials			3,000.00
		Gasoline			1,000.00
		Cellcards			1,000.00
		X-X-X-X-X-X-X-X			5,000.00
<p>Charged to: 101 BIDANI Trust (20401010-105)</p> <div style="border: 1px solid black; padding: 10px; margin: 20px auto; width: 80%;"> <p>CERTIFIED AS TO AVAILABILITY OF APPROPRIATION IN THE AMOUNT OF P 5000.00 WITHIN 45 DAYS</p> <p style="text-align: center;">NICK FREDDY R. BELLO Head, Accounting Office</p> </div>					
Purpose:		For office/training use.			
Signature:		Requested by:		Approved by:	
Printed Name		<u>SALOMA B. GISULGA</u>		<u>EDGARDO E. TULIN</u>	
Designation		Science Research Specialist		President	

VISAYAS STATE UNIVERSITY Entity Name		Fund Cluster : 101 Trust 20401010-105	
DISBURSEMENT VOUCHER		Date : Feb.14, 2023 DV No. :	
Mode of Payment	<input type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify)		
Payee	Saloma B. Gisulga	TIN/Employee No.:	ORS/BURS No.:
Address	Visayas State University, Visca, Baybay City, Leyte		
Particulars		Responsibility Center	MFO/PAP
To. PETTY CASH ADVANCE for the purchase of supplies and materials, gasoline and cellcards for office and training use as per supporting papers hereto attached in the amount of		ISRDS	50201010 00
Amount Due			5000.00 5,000.00
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.			
 LILIAN B. NUÑEZ Asso. Prof./Director Printed Name, Designation and Signature of Supervisor			
B. Accounting Entry:			
Account Title		UACS Code	Debit
C. Certified:		D. Approved for Payment	
<input type="checkbox"/> Cash available <input type="checkbox"/> Subject to Authority to Debit Account (when applicable) <input type="checkbox"/> Supporting documents complete and amount claimed proper			
Signature		Signature	
Printed Name	NICK FREDDY R. BELLO	Printed Name	EDGARDO E. TULIN
Position	Accountant II Head, Accounting Unit/Authorized Representative	Position	President Agency Head/Authorized Representative
Date		Date	
E. Receipt of Payment			JEV No.
Check/ADA No. :	Date :	Bank Name & Account Number:	
Signature :	Date :	Printed Name:	
SBGISULGA			Date
Official Receipt No. & Date/Other Documents			