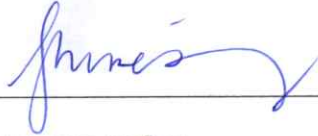


BUDGET UTILIZATION REQUEST AND STATUS VISAYAS STATE UNIVERSITY Entity Name				Serial No. : _____ Date : April 19, 2023 Fund Cluster : STF			
Payee	PEÑARANDA, JOSE ROMMEL						
Office	ISRDS, Visayas State University						
Address	Visca, Baybay City, Leyte						
Responsibility Center	Particulars	MFO/PAP	UACS Object Code/ Expenditures	Amount			
ISRDS LAMP Project	Honoraria	STF		12750.00			
	Total			12,750			
A.	Certified: Charges to appropriation/budget necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal Signature :  Printed Name: LILIAN B. NUÑEZ Position : Director, ISRDS Head, Requesting Office/Authorized Representative Date : _____		B.	Certified: Budget available and utilized for the purpose/adjustment necessary as indicated above Signature : _____ Printed Name: <u>ALICIA M. FLORES</u> Position : Administrative Officer III Head, Budget Division/Unit/Authorized Representative Date : _____			
C.	STATUS OF UTILIZATION						
Reference			Amount				
Date	Particulars	BURS/JEV/RCI/ RADAI/RTRAI No.	Utilization (a)	Payable (b)	Payment (c)	Balance Not Yet Due (a-b)	Due and Demandable (b-c)



September 20, 2022

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

Dear Dr. Tulin:

This is to recommend the appointment of **Atty. Jose Rommel A. Peñaranda** as **Guest Lecturer** of Land Administration and Management Graduate Course LAMP 223 entitled Land Tenure, Law and Policy with a compensation of Two Hundred Fifty Pesos (Php 250.00) per hour this first semester of SY 2022-2023.

Very truly yours,

LILIAN B. NUÑEZ
Chairperson, ISRDS Personnel Committee

MARIA AURORA T.W. TABADA
Member
GINA A. DELIMA
Member
ERNESTO A. GONZAGA, Jr
Member

CONFORME:

JOSE ROMMEL A. PEÑARANDA
Graduate Faculty

Recommending Approval :

MOISES NEIL V. SERIO
Dean, CME
ANABELLA B. TULIN
Dean, Graduate School

Certified Funds Available:

ALICIA M. FLORES
Head, Budget Office

DAILY TIME RECORDName: Jose Rommel A. PeñarandaFor the month Jose Oct. 1-31, 2022

Official hour for (Regular days) _____

Arrival: _____ Departure (Saturdays) _____

Day	A.M.		P.M.		Undertime	
	Arr	Dep	Arr	Dep	Hrs	Mins
1	Saturday					
2	Sunday					
3			3:00	6:00		
4						
5						
6						
7						
8	Saturday					
9	Sunday					
10			3:00	6:00		
11						
12						
13						
14						
15	Saturday					
16	Sunday					
17			3:00	6:00		
18						
19						
20						
21						
22	Saturday					
23	Sunday					
24			3:00	6:00		
25						
26						
27						
28						
29	Saturday					
30	Sunday					
31						
			TOTAL 12 hrs.			

I CERTIFY on my honor that the above is a true and correct report of the hours of work performed, record of which was made daily at the time of arrival and departure from office.

Jose Rommel A. Peñaranda

VERIFIED as to the prescribed office hours

LILIAN B. NUÑEZ
In-Charge

DAILY TIME RECORDName: Jose Rommel PeñarandaFor the month of Oct. 1-31, 2022

Official hour for (Regular days) _____

Arrival: _____ Departure (Saturdays) _____

Day	A.M.		P.M.		Undertime	
	Arr	Dep	Arr	Dep	Hrs	Mins
1	Saturday					
2	Sunday					
3			3:00	6:00		
4						
5						
6						
7						
8	Saturday					
9	Sunday					
10			3:00	6:00		
11						
12						
13						
14						
15	Saturday					
16	Sunday					
17			3:00	6:00		
18						
19						
20						
21						
22	Saturday					
23	Sunday					
24			3:00	6:00		
25						
26						
27						
28						
29	Saturday					
30	Sunday					
31						
			TOTAL 12 hrs.			

I CERTIFY on my honor that the above is a true and correct report of the hours of work performed, record of which was made daily at the time of arrival and departure from office.

Jose Rommel A. Peñaranda

VERIFIED as to the prescribed office hours

LILIAN B. NUÑEZ
In-Charge

DAILY TIME RECORDName: Jose Rommel A. PeñarandaFor the month Jose Nov. 1-30, 2022

Official hour for (Regular days) _____

Arrival: _____ Departure (Saturdays) _____

Day	A.M.		P.M.		Undertime	
	Arr	Dep	Arr	Dep	Hrs	Mins
1						
2						
3						
4						
5	Saturday					
6	Sunday					
7			3:00	6:00		
8						
9						
10						
11						
12	Saturday					
13	Sunday					
14			3:00	6:00		
15						
16						
17						
18						
19	Saturday					
20	Sunday					
21			3:00	6:00		
22						
23						
24						
25						
26	Saturday					
27	Sunday					
28			3:00	6:00		
29						
30	Holiday					
31						
			TOTAL	12 hrs.		

I CERTIFY on my honor that the above is a true and correct report of the hours of work performed, record of which was made daily at the time of arrival and departure from office.

Jose Rommel A. Peñaranda

VERIFIED as to the prescribed office hours

LILIAN B. NUÑEZ

In-Charge

DAILY TIME RECORDName: Jose Rommel PeñarandaFor the month of Nov. 1-30, 2022

Official hour for (Regular days) _____

Arrival: _____ Departure (Saturdays) _____

Day	A.M.		P.M.		Undertime	
	Arr	Dep	Arr	Dep	Hrs	Mins
1						
2						
3						
4						
5	Saturday					
6	Sunday					
7			3:00	6:00		
8						
9						
10						
11						
12	Saturday					
13	Sunday					
14			3:00	6:00		
15						
16						
17						
18						
19	Saturday					
20	Sunday					
21			3:00	6:00		
22						
23						
24						
25						
26	Saturday					
27	Sunday					
28			3:00	6:00		
29						
30	Holiday					
31						
			TOTAL	12 hrs.		

I CERTIFY on my honor that the above is a true and correct report of the hours of work performed, record of which was made daily at the time of arrival and departure from office.

Jose Rommel A. Peñaranda

VERIFIED as to the prescribed office hours

LILIAN B. NUÑEZ

In-Charge

DAILY TIME RECORD

Name: Jose Rommel A. Peñaranda
 For the month Jose Dec. 1-31, 2022
 Official hour for (Regular days) _____
 Arrival: _____ Departure (Saturdays) _____

Day	A.M.		P.M.		Undertime	
	Arr	Dep	Arr	Dep	Hrs	Mins
1						
2						
3	Saturday					
4	Sunday					
5			3:00	6:00		
6						
7						
8						
9						
10	Saturday					
11	Sunday					
12			3:00	6:00		
13						
14						
15						
16						
17	Saturday					
18	Sunday					
19			3:00	6:00		
20						
21						
22						
23						
24	Saturday					
25	Sunday					
26						
27						
28						
29						
30						
31	Saturday					
			TOTAL		9 hrs.	

I CERTIFY on my honor that the above is a true and correct report of the hours of work performed, record of which was made daily at the time of arrival and departure from office.

Jose Rommel A. Peñaranda

VERIFIED as to the prescribed office hours

LILIAN B. NUÑEZ
In-Charge

DAILY TIME RECORD

Name: Jose Rommel Peñaranda
 For the month of Dec. 1-31, 2022
 Official hour for (Regular days) _____
 Arrival: _____ Departure (Saturdays) _____

Day	A.M.		P.M.		Undertime	
	Arr	Dep	Arr	Dep	Hrs	Mins
1						
2						
3	Saturday					
4	Sunday					
5			3:00	6:00		
6						
7						
8						
9						
10	Saturday					
11	Sunday					
12			3:00	6:00		
13						
14						
15						
16						
17	Saturday					
18	Sunday					
19			3:00	6:00		
20						
21						
22						
23						
24	Saturday					
25	Sunday					
26						
27						
28						
29						
30						
31	Saturday					
			TOTAL		9 hrs.	

I CERTIFY on my honor that the above is a true and correct report of the hours of work performed, record of which was made daily at the time of arrival and departure from office.

Jose Rommel A. Peñaranda

VERIFIED as to the prescribed office hours

LILIAN B. NUÑEZ
In-Charge

DAILY TIME RECORD

Name: Jose Rommel A. Peñaranda
 For the month of Jose Jan. 1-31, 2023
 Official hour for (Regular days) _____
 Arrival: _____ Departure (Saturdays) _____

Day	A.M.		P.M.		Undertime	
	Arr	Dep	Arr	Dep	Hrs	Mins
1	Sunday					
2						
3						
4						
5			3:00	6:00		
6						
7	Saturday					
8	Sunday					
9						
10						
11						
12						
13						
14	Saturday					
15	Sunday					
16						
17						
18						
19			3:00	6:00		
20						
21	Saturday					
22	Sunday					
23			3:00	6:00		
24						
25						
26						
27						
28	Saturday					
29	Sunday					
30			3:00	6:00		
31						
			TOTAL	12 hrs.		

I CERTIFY on my honor that the above is a true and correct report of the hours of work performed, record of which was made daily at the time of arrival and departure from office.

Jose Rommel A. Peñaranda

VERIFIED as to the prescribed office hours

LILIAN B. NUÑEZ
In-Charge

DAILY TIME RECORD

Name: Jose Rommel Peñaranda
 For the month of Jan. 1-31, 2023
 Official hour for (Regular days) _____
 Arrival: _____ Departure (Saturdays) _____

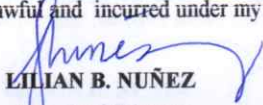
Day	A.M.		P.M.		Undertime	
	Arr	Dep	Arr	Dep	Hrs	Mins
1	Sunday					
2						
3						
4						
5			3:00	6:00		
6						
7	Saturday					
8	Sunday					
9						
10						
11						
12						
13						
14	Saturday					
15	Sunday					
16						
17						
18						
19			3:00	6:00		
20						
21	Saturday					
22	Sunday					
23			3:00	6:00		
24						
25						
26						
27						
28	Saturday					
29	Sunday					
30			3:00	6:00		
31						
			TOTAL	12 hrs.		

I CERTIFY on my honor that the above is a true and correct report of the hours of work performed, record of which was made daily at the time of arrival and departure from office.

Jose Rommel A. Peñaranda

VERIFIED as to the prescribed office hours

LILIAN B. NUÑEZ
In-Charge

<div style="text-align: center;"> VISAYAS STATE UNIVERSITY Entity Name </div>		Fund Cluster : Date : April 19, 2023 DV No. :									
DISBURSEMENT VOUCHER											
Mode of Payment <input type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify)											
Payee PEÑARANDA, Jose Rommel	TIN/Employee No.:	ORS/BURS No.:									
Address Visayas State University, Visca, Baybay City, Leyte											
Particulars Honorarium as Guest Lecturer of LAMP 223 for 1st sem. SY 2022-2023 per supporting papers hereto attached in the amount of Computation: 51 hours x P250.00 = P 12,750.00 Less: w/tax 5% 637.50 Amount Due	Responsibility Center ISRDS	MFO/PAP	Amount 12112.50 12,112.50								
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. <div style="text-align: center;">  LILIAN B. NUÑEZ Asso. Prof./Director Printed Name, Designation and Signature of Supervisor </div>											
B. Accounting Entry: <table border="1" style="width: 100%;"> <thead> <tr> <th>Account Title</th> <th>UACS Code</th> <th>Debit</th> <th>Credit</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Account Title	UACS Code	Debit	Credit				
Account Title	UACS Code	Debit	Credit								
C. Certified: <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		D. Approved for Payment									
Signature	Signature	Signature									
Printed Name NICK FREDDY R. BELLO	Printed Name EDGARDO E. TULIN	Printed Name EDGARDO E. TULIN									
Position Accountant II Head, Accounting Unit/Authorized Representative	Position President Agency Head/Authorized Representative	Position President Agency Head/Authorized Representative									
Date	Date	Date									
E. Receipt of Payment			JEV No.								
Check/ADA No. :	Date :	Bank Name & Account Number:									
Signature : JRPEÑARANDA	Date :	Printed Name:	Date								
Official Receipt No. & Date/Other Documents			Date								