PURCET	ITIL IZATION	DECLIEST AN	D S	TATUS	No.:			
BUDGET UTILIZATION REQUEST AND STAT				,,,,,,,	Date:	December 9, 2021		
V	VISAYAS STATE UNIVERSITY				Fund:	STF		
	the delication of the same of	bay City, Leyte	ANI		i dila.	011		
Payee:		/ICTORIA V. PAGAL	AN					
Office:	Eco-FARMI							
Address:	VSU, Visca	, Baybay City, Leyte				UACS Code /		
Responsibility Center		Particulars			MFO/PAP	Expenditure	Amount	
FARMI SEED BANK C 2021	the purchase o	ENT OF PETTY CA f supplies and mated d amounting to			100000000	5020301000 P 2,968.0		
						TOTAL	P 2,968.00	
A Cortified:	Certified: Charges to appropration/allotment necessary, lawful and under my direct sup			Certified:	Allotment available and obligated for the			
A Certified:					purpose/adjustment necessary as			
		cuments valid, proper ar			indicated at	oove		
	and supporting do	duments valid, proper ar						
		Y	Signa	iture				
Signature	DUENDED	C. LUSANTA		ed Name	ALICIA M. FLORES			
Printed Name			Posit		Administrative Officer			
Position	OIC, Eco	AKIVII	POSIL	1011	OIC Head, Budget Unit/Authorized Representat			
		0.0004	Date		Olo Fload, I			
Date	December	9, 2021		F OBLIG	ATION			
С			13 0	r OBLIG		mount		
Reference			_				Due and	
Date	Particulars	ORS/JEV/RCI/RAD Al No.	C	Obligation	Payment	Not Yet Due	Demandable	
	Obligations		Р	2,968.00		P 2,968.00		
		TOTALS	Р	2,968.00		P 2,968.00		
		and the same of th						

ACCOUNTING ENTRY:		UACS CODE	DEBIT		
ACCOUNT TITLE					
	The special state of the speci	D FOR PAYMENT:			
CERTIFIED:	D APPROVI	D FOR PATIMENT			
Cash available					
Subject to Authority to Debit Account (when applicable)					
Supporting documents complete and amount claimed					
	SIGNATURE PRINTED NAME	EDGARDO E. TULIN President (Agency Head/Authorized Representative)			
IGNATURE RINTED NAME NICK FREDDY R. BELLO RINTED NAME NICK FREDDY R. DELLO	POSITION				
OSITION OIC, HEAD of Accounting Office (Head, Accounting Unit/Authorized Representative)	A Carrier Service Control	(Agency Head	d/Authorized Repr	esencacivo	
	DATE			I JEV NO.	
ATE				02.11	
RECEIPT OF PAYMENT:	DATE:	BANK NAME & AC	COUNT NUMBER:	1	
CHECK / ADA	DATE.			DATE:	
	DATE:	PRINTED NAME:			
SIGNATURE: LILIBETH VICTORIA V. PAGALAN				-	
DEFICIAL RECEIPT NO. & DATE/OTHER DOCUMENTS:					



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

CERTIFIED: Expenses/Cash Advance necessary, lawful and incurred under my firect supervision. DHENBER C. LUSANTA OIC , SCO-FARMI ACCOUNTING ENTRY: ACCOUNTING ENTRY	ACCOUNTING ENTRY: AMOUNT DUE P 2, 968.10 AMOUNT DUE P 2, 968.10 AMOUNT DUE P 2, 968.10 AMOUNT DUE P 2, 968.10 AMOUNT DUE P 2, 968.10 AMOUNT DUE P 2, 968.10 AMOUNT DUE P 2, 968.10 AMOUNT DUE P 2, 968.10 AMOUNT DUE P 2, 968.10 AMOUNT DUE P 2, 968.10 AMOUNT DUE P 2, 968.10 AMOUNT DUE P 2, 968.10 AMOUNT DUE P 2, 968.10 AMOUNT DUE P 2, 968.10 AMOUNT DUE P 2, 968.10 AMOUNT DUE P 2, 968.10 AMOUNT DUE P 2, 968.10 AMOUNT DUE P 2, 968.10						FUND CLUSTER:	
ADDRESS: VSU, Baybay City, Leyte REPLENISHMENT OF PETTY CASH FUND as per papers attached amounting to CERTIFIED: Expenses/Cash Advance necessary, lanful and incurred under my fived supervision. DHENBER* LUSANTA OIC , SCO-FARMI CERTIFIED: Cash available Subject to Authority to Debit Account (when applicable) Subject to Authority to Debit Account (when appli	LILIBETH VICTORIA V. PAGALAN ADDRESS: VSU, Baybay City, Leyte RESPONSIBILITY MFOPAP AMOUNT CENTER MFOPAP AMOUNT REPLENISHMENT OF PETTY CASH FUND as per papers attached amounting to CERTIFIED: Expenses/Cash Advance necessary, land/ul and incurred under my filtered supervision. DHENBER* LISANTA OIC JCO-FARMI ACCOUNTING ENTRY: ACCOUNTING ENTRY: ACCOUNTING ENTRY: ACCOUNT TITLE UAGS CODE DEBIT CREDIT CERTIFIED: Supporting documents complete and amount claimed and amount claimed and amount claimed and amount claimed by the control of the complete and amount claimed and amount claimed by the control of the complete and amount claimed by the control of the complete and amount claimed by the control of the complete and amount claimed by the control of the complete and amount claimed by the control of the complete and amount claimed by the control of the complete and amount claimed by the control of th	MDS CHECK COMMERCIAL CHECK		OTHERS				
ADDRESS. VSU, Baybay City, Leyte RESPONSIBILITY RESPONSIBILITY REPLENISHMENT OF PETTY CASH FUND as per papers attached amounting to AMOUNT DUE P 2,968.00 CERTIFIED: Expenses/Cash Advance necessary, lewful and incurred under my firect supervision. DHENDER C. LUSANTA OIC , SCO-FARMI CERTIFIED: Cash available Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed ATURE REPLENISHMENT OF PETTY CASH FUND as per papers ACCOUNTINGENTRY. ACCOUNTINGENTRY. ACCOUNTINGENTRY. ACCOUNTINGE ENTRY. ACCOUNTINGE ENTRY BELLO SIGNATURE PRINTED NAME POSITION APPROVED FOR PAYMENT: (Agency Mead/Authorized Representative) DATE: BANK NAME & ACCOUNT NUMBER. ACCOUNT NUMBER. ACCOUNT NUMBER. ACCOUNT NUMBER. DATE: BANK NAME & ACCOUNT NUMBER. DATE: DATE: DATE: PRINTED NAME: DATE: DATE	AMOUNT DUE REPLENISHMENT OF PETTY CASH FUND as per papers attached amounting to CERTIFIED: Expenses/Cash Advance necessary, lawful and incurred under my firest supervision. DHENBER* DECOMPTITIE ACCOUNTING ENTRY ACCOUNTING ENTRY ACCOUNTING ENTRY ACCOUNTING Cash available Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed ATURE TEO NAME NICK FREDDY R. BELLO DIAPPROVED FOR PAYMENT: SIGNATURE POSITION OIC, HEAD of Accounting Office (Ricker, Accounting UniterAuthorized Representative) DATE: BANK NAME & ACCOUNT NUMBER DATE: DATE: BANK NAME & ACCOUNT NUMBER DATE: DA	LILIBETH VICTORIA V. PAGALAN			TIN/Employ	ee No.	OS/BUS No:	
REPLENISHMENT OF PETTY CASH FUND as per papers attached amounting to AMOUNT DUE P 2,968.00 P 2,968.00 AMOUNT DUE P 2,968.00 P 2,968.00 P 2,968.00 AMOUNT DUE P 2,968.00 P 2,	REPLENISHMENT OF PETTY CASH FUND as per papers Seed Bank C 2021 2,968.0 AMOUNT DUE P 2,968.00 CERTIFIED: Expenses/Cash Advance necessary, lawful and incurred under myfurect supervision. DHENBER C . LUSANTA OIC , SCO-FARMI ACCOUNTING ENTRY. ACCOUNTING ENTRY. ACCOUNTING ENTRY. ACCOUNTING ENTRY. ACCOUNTING ENTRY. ACCOUNTING ENTRY. ACCOUNTING CONTROL (when applicable) Subject to Authority to Debit Account (when applicable) Subject to Authority to Debit Account (when applicable) Subject to Authority to Debit Account (when applicable) CIC, HEAD of Accounting Office (Head, Accounting Unit/Authorized Representative) RECEPT OF PAYMENT: RECEPT OF PAYMENT: CK/ADA DATE: BANK NAME & ACCOUNT NUMBER VATURE: LILIBETH VICTORIA V. PAGALAN DATE: PRINTED NAME POSITION PT SAIGHTER (Apancy Head/Authorized Representative) DATE: PRINTED NAME POSITION DATE: PRINTED NAME PRINTED NAME POSITION PT SAIGHTER (Apancy Head/Authorized Representative) DATE: PRINTED NAME POSITION PT SAIGHTER (Apancy Head/Authorized Representative) DATE: PRINTED NAME PRINTED NAME POSITION PT SAIGHTER (Apancy Head/Authorized Representative) DATE: PRINTED NAME PRINTED NAME POSITION PT SAIGHTER PRINTED NAME POSITION PT SAIGHTER PRINTED NAME POSITION PT SAIGHTER PRINTED NAME	ADDRESS:						
CERTIFIED: Expenses/Cash Advance necessary, lawful and incurred under my viriect supervision. DHENBER C. LUSANTA OIC , SCO-FARMI ACCOUNTING ENTRY: ACCOUNTING ENTRY: ACCOUNTINE CERTIFIED: Cash available Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed ATURE TED NAME NICK FREDDY R. BELLO OIC, HEAD Of Accounting Office (Head, Accounting Unit/Authorized Representative) RECEIPT OF PAYMENT: CK/ADA DATE: BANK NAME & ACCOUNT NUMBER: DATE:	AMOUNT DUE AMOUNT DUE P 2,968.00 DHENBER C. LUSANTA OIC , BCO-FARMI ACCOUNTING ENTRY: ACCOUNT TITLE UACS CODE DEBIT CREDIT ACCOUNTING ENTRY: ACCOUNT TITLE UACS CODE DEBIT CREDIT CREDIT ACCOUNTING ENTRY: ACCOUNT INTLE UACS CODE DEBIT CREDIT CREDIT APPROVED FOR PAYMENT: SUBject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed ATURE TED NAME NICK FREDDY R. BELLO OIC, HEAD Of Accounting Office (Bead, Accounting Unit/Authorized Representative) DATE BANK NAME & ACCOUNT NUMBER: VATURE: LILIBETH VICTORIA V. PAGALAN DATE: PRINTED NAME: DATE:				MFO/F	PAP	AMOUNT	
DHENBER C. LUSANTA OIC , BCO-FARMI ACCOUNTING ENTRY: ACCOUNT TITLE UACS CODE DEBIT CREDIT CREDIT CREDIT CREDIT CREDIT ACCOUNTING ENTRY: CASH available Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed ATURE TED NAME NICK FREDDY R. BELLO (Head, Accounting Unit/Authorized Representative) NICK FREDDY R. BELLO (Head, Accounting Unit/Authorized Representative) RECEIPT OF PAYMENT: CK/ADA DATE: BANK NAME & ACCOUNT NUMBER: DATE: DATE	ACCOUNTING ENTRY: ACCOUNTING ENTRY: ACCOUNT TITLE UACS CODE DEBIT CREDIT ACCOUNT TITLE UACS CODE DEBIT CREDIT CREDIT ACCOUNT TITLE UACS CODE DEBIT CREDIT ACCOUNT TITLE UACS CODE DEBIT CREDIT Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed ATURE TED NAME NICK FREDDY R. BELLO FRINTED NAME FRINTED NAME OIC, HEAD of Accounting Office (Head, Accounting Unit/Authorized Representative) RECEIPT OF PAYMENT: DATE: BANK NAME & ACCOUNT NUMBER: VATURE: LILIBETH VICTORIA V. PAGALAN DATE: DATE	REPLENISHMENT OF PETTY CASH FUND as pe attached amounting to	er papers				2,968.0	
DHENBER C. LUSANTA OIC , BCO-FARMI ACCOUNTING ENTRY: ACCOUNTINE UACS CODE DEBIT CREDIT CERTIFIED: Cash available Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed IATURE TION OIC, HEAD of ACCOUNTING OFfice (Head, Accounting Unit/Authorized Representative) RECEIPT OF PAYMENT: CK/ADA DATE: BANK NAME & ACCOUNT NUMBER: DATE: BANK NAME & ACCOUNT NUMBER: DATE: DA	DHENBER OIC , ECO-FARMI ACCOUNTING ENTRY: Cash available Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed ATURE TED NAME NICK FREDDY R. BELLO FOR PRINTED NAME ACCOUNTING ENTRY: ACCOUNTING ENTRY: ACCOUNTING ENTRY: ACCOUNTINE ACCOUNTINE BANK NAME & ACCOUNT NUMBER: VATURE: LILIBETH VICTORIA V. PAGALAN DATE: BANK NAME & ACCOUNT NUMBER: DATE: DAT	CERTIFIED: Expenses/Cash Advance percessive levit levit		AMOUNT DUE		-	P 2.968.00	
Cash available Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed IATURE TIED NAME NICK FREDDY R. BELLO TION OIC, HEAD of Accounting Office (Head, Accounting Unit/Authorized Representative) RECEIPT OF PAYMENT: SIGNATURE PRINTED NAME POSITION President (Agency Head/Authorized Representative) DATE BANK NAME & ACCOUNT NUMBER: NATURE: LILIBETH VICTORIA V. PAGALAN APPROVED FOR PAYMENT: SIGNATURE PRINTED NAME POSITION President (Agency Head/Authorized Representative) DATE: PRINTED NAME: PRINTED NAME: DATE: DATE: PRINTED NAME: DATE:	Cash available Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed ATURE TED NAME NICK FREDDY R. BELLO TION OIC, HEAD of Accounting Office (Head, Accounting Unit/Authorized Representative) RECEIPT OF PAYMENT: CK/ADA DATE: BANK NAME & ACCOUNT NUMBER: LILIBETH VICTORIA V. PAGALAN APPROVED FOR PAYMENT: SIGNATURE PRINTED NAME POSITION President (Agency Head/Authorized Representative) JEV NO. DATE: PRINTED NAME: PRINTED NAME: DATE: DATE: PRINTED NAME: DATE:	ACCOUNTING ENTRY:	, CO-FARMI	UACS	CODE	DEBIT	CREDIT	
Cash available Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed IATURE TIED NAME NICK FREDDY R. BELLO TION OIC, HEAD of Accounting Office (Head, Accounting Unit/Authorized Representative) RECEIPT OF PAYMENT: SIGNATURE PRINTED NAME POSITION President (Agency Head/Authorized Representative) DATE BANK NAME & ACCOUNT NUMBER: NATURE: LILIBETH VICTORIA V. PAGALAN APPROVED FOR PAYMENT: SIGNATURE PRINTED NAME POSITION President (Agency Head/Authorized Representative) DATE: PRINTED NAME: PRINTED NAME: DATE: DATE: PRINTED NAME: DATE:	Cash available Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed ATURE TED NAME NICK FREDDY R. BELLO TION OIC, HEAD of Accounting Office (Head, Accounting Unit/Authorized Representative) RECEIPT OF PAYMENT: CK/ADA DATE: BANK NAME & ACCOUNT NUMBER: LILIBETH VICTORIA V. PAGALAN APPROVED FOR PAYMENT: SIGNATURE PRINTED NAME POSITION President (Agency Head/Authorized Representative) JEV NO. DATE: PRINTED NAME: PRINTED NAME: DATE: DATE: PRINTED NAME: DATE:	CERTIFIED:						
DATE: BANK NAME & ACCOUNT NUMBER: DATE: PRINTED NAME: DATE: DATE: DATE:	DATE: BANK NAME & ACCOUNT NUMBER: VATURE: LILIBETH VICTORIA V. PAGALAN DATE: PRINTED NAME: DATE: DATE:	Subject to Authority to Debit Account (when application of Supporting documents complete and amount claim Supporting documents complete and amount claim NATURE INTER NICK FREDDY R. BELLO TION OIC, HEAD of Accounting Office (Head, Accounting Unit/Authorized Representative)	sable) med SIGNATURE PRINTED NA POSITION	E AME	EDGARI Pr	esiden	t	
NATURE: LILIBETH VICTORIA V. PAGALAN DATE: BANK NAME & ACCOUNT NUMBER: PRINTED NAME: DATE: DATE: DATE:	NATURE: LILIBETH VICTORIA V. PAGALAN DATE: BANK NAME & ACCOUNT NUMBER: PRINTED NAME: DATE: DATE: DATE:						JEV NO.	
LILIBETH VICTORIA V. PAGALAN DATE:	LILIBETH VICTORIA V. PAGALAN DATE:			BANK NAM	& ACCOUN	TNUMBER	1:	
	AL RECEIPT NO. & DATE/OTHER DOCUMENTS:	LILIBETH VICTORIA V. PAGALAN	DATE:	PRINTED N	AME:		DATE:	