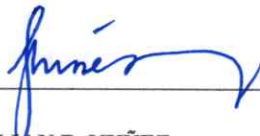
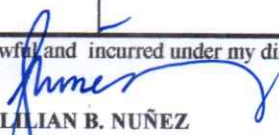
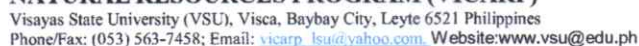


BUDGET UTILIZATION REQUEST AND STATUS				Serial No. : _____ Date : December 21, 2023 Fund Cluster : STF		
_____ Entity Name						
Payee	VSU-VICARP 1.24					
Office	Visayas State University					
Address	Visca, Baybay City, Leyte					
Responsibility Center	Particulars	MFO/PAP	UACS Object Code/Expenditures	Amount		
ISRDS	Payment of Registration Fee (35th Regional RDEI Symposium)	Ext STF-06 LRLGU		7,200		
Total				7,200		
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 : <u>Asso. Prof.V/Director</u> Head, Requesting Office/Authorized Representative Date : _____		B.	Certified: Budget available and utilized for the purpose/adjustment necessary as indicated above Signature : _____ Printed Name: ALICIA M. FLORES Position : <u>Administrative Officer V</u> Head, Budget Division/Unit/Authorized Representative Date : _____		
C.	STATUS OF UTILIZATION					
Reference			Amount			
Date	Particulars	BURS/JEV/RCI/RADAI/RTRAI No.	Utilization	Payable	Payment	Balance
			(a)	(b)	(c)	Not Yet Due (a-b) Due and Demandable (b-c)

VISAYAS STATE UNIVERSITY Entity Name			Fund Cluster : STF Ext STF-06	
DISBURSEMENT VOUCHER			Date : Dec.21,2023 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	VSU-ViCARP 1.24	TIN/Employee No.:	ORS/BURS No.:	
Address	Visayas State University, Visca, Baybay City, Leyte			
Particulars		Responsibility Center	MFO/PAP	Amount
To. FUND TRANSFER for payment of registration fee for the 35TH Regional RDEI Symposium as per billing statement hereto attached in the amount of		ISRDS		7200.00
Amount Due				7,200.00
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	Credit
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	DANIEL LESLIE S. TAN
Position	Accountant II Head, Accounting Unit/Authorized Representative		Position	Officer-In-Charge Agency Head/Authorized Representative
Date			Date	
E. Receipt of Payment				JEV No.
Check/ADA No. :		Date :	Bank Name & Account Number:	
Signature :	VSU-VICARP 1.24	Date :	Printed Name:	Date
Official Receipt No. & Date/Other Documents				



Date: December 11, 2023
Bill No.: RRDES-2023-20

MISSION: To spearhead the planning, implementation, coordination, monitoring and evaluation of agricultural, aquatic and natural sources research and development projects in Eastern Visayas