

			AS STATE UNIVE Entity Name	rus		Serial No. : Date : June 20, 2024 Fund Cluster : General Fund					
	Payee	JERO	ME O. ARRIBADO	0							
	FARMI										
Α	Address	VISCA	A, BAYBAY CITY,	LEYTE							
Responsibility Center		Particulars			MFO/PAP		UACS Object Code	Amount			
EFARMI.A.III.C		Replenishment of petty cash for the purchase of materials to be used in the office and farm as per the papers attached, amounting to							3,239.0		
				Total			TOTAL		3,239.0		
A. Certified: Charges to appropriation/allonecessary, lawful and under my direct supe supporting documents valid, proper and leg  Signature:				pervision;and egal	B. Certified: Allotment available and obligate for the purpose/adjustment necessary as indicated above  Signature:  Printed Name: ALICIA M. FLORES  Position: Head, Budget Division/Unit/Author Representative  Date:						
C.				STATUS C	OF OBLIGATION						
	Reference					Amount					
Date	Particula	ars	ORS/JEV/Check/ ADA/TRA No.	Obligation	Payabl	e	Payment	Not Yet Due	Due and Demandab		
				(a)	(b)		(c)	(a-b)	(b-c)		

		Fund Cluster:					
		Date : 6/20/2024 DV No. :					
Mode Paym		MDS Check Commo	nercial Check	ADA [	Others (Please	specify)	
Payee JEROME O. ARRIBADO				TIN/Employee 1	No.:	ORS/BURS No.:	
Addr	ess	VSU, VISCA, BAYBAY CITY, LEY	YTE				
		Particulars		Responsibility Center	MFO/PAP	Amount	
		ent of petty cash for the purchase o ed in the office and farm as per the attached, amounting to	EFARMI.A.III.C		3,239.00		
		Amount Due				3,239.00	
				ARRIBADO and Signature of Supe	ervisor		
B. A	ccountin	ng Entry:			7 7 11		
		Account Title		UACS Code	Debit	Credit	
		4					
C. Co	ertified:			D. Approved f	D. Approved for Payment		
	Subj	h available  ject to Authority to Debit Account (who porting documents complete and amoun pper					
Sign	nature			Signature			
	inted ame	NICK FREDDY R. BEI	Printed Name	PROSE IVY G. YEPES			
Position		HEAD		Position	President		
10.	SILIOII	Head, Accounting Unit/Authorized	Representativ	e	Agency Head/Authorized Representative		
D	Date			Date			
		f Payment			Account Number:	JEV No.	
CONTR	neck/ A No.:	Da	Date :				
Signature :		Da	Printed Name:		Date		
Officia	al Recei	pt No. & Date/Other Documents					