GF

| - | | | | | | |
|--------------------------|---|-----------------------------|-----------------|---------------------------------|----------------------------|-----------------------|
| STATE OF | BUDGET UTILIZATION REQUEST AN | | ID STATUS | No.: MOOE | 0 | |
| | VISA | YAS STATE UNIVERSI | TY | Date: | March 30, 202 | 22 |
| TERSIT | \ | /isca, Baybay City, Leyte | | Fund: | | - |
| Payee: | LOREME S. CAGANDE | | | | | |
| Office: | DEPARTMENT OF AGE | RONOMY | | | | |
| Address: | VISAYAS STATE UNIV | ERSITY, BAYBAY CITY, LEYTE | | | | 1, |
| Responsibility Center | | Particulars | | MFO/PAP | UACS Code / Expenditure | Amount |
| Department | REPLENISH | HMENT OF PETTY CAS | SH FUND | 301000000 | 0 | PhP5,020.15 |
| of Agronomy | | | | | | |
| | | | Total | | | PhP5,020.15 |
| Certified: | Charges to appropration/ | allotment | Certified: | Allotment ava | ilable and obligate | ed for the |
| | necessary, lawful and under my direct supervision | | | purpose/adjustment necessary as | | |
| | and supporting documer | nts valid, proper and legal | | indicated a | above | |
| | | ×4 = 1 | | | | |
| Signature | 9 | Wiras | Signature | | | |
| Printed Name | RUTH | O. ESCASINAS | Printed Name | | ALICIA M. FLOR | ES |
| Position | Depa | artment Head | Position | | Head, Budget Off | ice |
| 1 | | | | | | |
| Date | | | Date | | | |
| | | STATU | JS OF OBLIGATIO | N | | |
| Reference | | | Amount | | | |
| Date | Particulars | ORS/JEV/RCI/RADAI No. | Obligation | Payment | Not Yet Due | Due and Demandable |
| | Obligations | | PhP5,020.15 | | PhP5,020.15 | |
| | | Totals | PhP5,020.15 | | PhP5,020.15 | |

| proper | | | | |
|---------------------|-----------------------------|-----------------|------------------|--|
| Signature | | Signature | | |
| Printed | | Printed | | |
| Name | NICK FREDDY R. BELLO | Name | EDGARDO E. TULIN | |
| Position | OIC Head, Accounting Office | Position | President | |
| Date | | Date | | |
| . Receipt of Pay | ment | | JEV No. | |
| Check/ | Date : | Bank Name & Acc | count | |
| ADA No.: | | Number: | | |
| Signature : | Date: | Printed Name: | Date | |
| Official Receipt No | o. & Date/Other Documents | | | |