



|   |                                 |                       |   |                        |             |                    |
|---|---------------------------------|-----------------------|---|------------------------|-------------|--------------------|
| <b>BUDGET UTILIZATION REQUEST AND STATUS</b>  |                                 |                       |   | No.: 02-206441-2022-03 |             |                    |
| <b>VISAYAS STATE UNIVERSITY</b>   |                                 |                       |   | Date: March 14, 2022   |             |                    |
| <b>Visca, Baybay City, Leyte</b>  |                                 |                       |   | Fund: STF              |             |                    |
| Payee:  | ART JAY CABALLERO ET. AL.       |                       |   |                        |             |                    |
| Office:   | DoPAC                           |                       |   |                        |             |                    |
| Address:  | VSU, Visca, Baybay City, Leyte  |                       |   |                        |             |                    |
| <b>Responsibility Center</b>  | <b>Particulars</b>              | <b>MFO/PAP</b>        | <b>UACS Code / Expenditure</b>  |                        |             |                    |
| DoPAC   | Payment for Emergency Laborer.. |                       |   | 3,500.00               |             |                    |
| <b>Total</b>  |                                 |                       |   | <b>3,500.00</b>        |             |                    |
| <b>A</b> Certified: Charges to appropriation/allotment necessary, lawful and under my direct supervision and supporting documents valid, proper and legal<br><br>Signature: <br>Printed Name: <b>ELIZABETH S. QUEVEDO</b><br>Position: <b>Head, DoPAC</b><br>Date: _____ |                                 |                       | <b>B</b> Certified: Allotment available and obligated for the purpose/adjustment necessary as indicated above<br><br>Signature: _____<br>Printed Name: <b>ALICIA M. FLORES</b><br>Position: <b>Head, Budget Unit/Authorized Representative</b><br>Date: _____ |                        |             |                    |
| <b>C</b> <b>STATUS OF OBLIGATION</b>  |                                 |                       |   |                        |             |                    |
| Reference   |                                 |                       | Amount  |                        |             |                    |
| Date  | Particulars                     | ORS/JEV/RCI/RADAI No. | Obligation  | Payment                | Not Yet Due | Due and Demandable |
|   |                                 | 02-206441-2022-03     | 3,500.00  |                        | 3,500.00    |                    |
| <b>Totals</b>   |                                 |                       | 3,500.00  |                        | 3,500.00    |                    |

|              |          |             |  |  |  |  |
|--------------|----------|-------------|--|--|--|--|
| 17           |          |             |  |  |  |  |
| 18           |          |             |  |  |  |  |
| 19           |          |             |  |  |  |  |
| 20           |          |             |  |  |  |  |
| 21           |          |             |  |  |  |  |
| 22           |          |             |  |  |  |  |
| 23           |          |             |  |  |  |  |
| 24           |          |             |  |  |  |  |
| 25           |          |             |  |  |  |  |
| 26           |          |             |  |  |  |  |
| 27           |          |             |  |  |  |  |
| 28           |          |             |  |  |  |  |
| 29           |          |             |  |  |  |  |
| 30           |          |             |  |  |  |  |
| 31           |          |             |  |  |  |  |
| <b>TOTAL</b> | <b>5</b> | <b>days</b> |  |  |  |  |

Certified Correct:

  
**ELIZABETH S. QUEVEDO**  
 Immediate Superior