

BUDGET UTILIZATION REQUEST AND STATUS VISAYAS STATE UNIVERSITY Visca, Baybay City, Leyte			No.: MOOE 02 206441 2016			
			Date: November 29, 2021			
			Fund: GF			
Payee:	Jeffrey Lloyd L. Cagande					
Office:	DPhys					
Address:	VSU, Visca, Baybay City, Leyte					
Responsibility Center	Particulars	MFO/PAP	UACS Code / Expenditure	Amount		
GF	REIMBURSEMENT of registration fee as per supporting papers hereto attached in the amount of	301000000	50203010 00	500.00		
Total				500.00		
A Certified: Charges to appropriation/allotment necessary, lawful and under my direct supervision and supporting documents valid, proper and legal Signature _____ Printed Name Rev Rhizza L. Aure Position Head, DPhys Date _____		B Certified: Allotment available and obligated for the purpose/adjustment necessary as indicated above Signature _____ Printed Name ALICIA M. FLORES Position OIC-Head, Budget Unit/Authorized Representative Date _____				
C STATUS OF OBLIGATION						
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
	Obligation	02 206441 2016	500.00		500.00	
Totals			500.00		500.00	

**VISAYAS STATE UNIVERSITY**

Entity Name

DISBURSEMENT VOUCHER

Fund Cluster :

General Fund

Date : Nov. 29, 2021

DV No. :

Mode of
Payment☐

MDS Check

☐

Commercial Check

☐

ADA

☐

Others (Please specify)

Payee

Jeffrey Lloyd L. Cagande

TIN/Employee No.:

ORS/BURS No.:

Address

VSU, Baybay City, Leyte

Particulars

Responsibility
Center

MFO/PAP

Amount

REIMBURSEMENT of registration fee as per supporting
papers hereto attached in the amount of

GF

301000000

500.00

Amount Due

500.00

A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.

REV RHIZZA L. AURE

Head, Department of Physics

B. Accounting Entry:

Account Title

UACS Code

Debit

Credit

C. Certified:

☐

Cash available

☐

Subject to Authority to Debit Account (when applicable)

☐Supporting documents complete and amount claimed
proper

D. Approved for Payment

Signature

Signature

Printed
Name

NICK FREDDY R. BELLO

Printed Name

EDGARDO E. TULIN

Position

OIC Head, Accounting Unit/Authorized Representative

Position

Agency Head/Authorized Representative

Date

Date

E. Receipt of Payment

Check/
ADA No. :

Date :

Bank Name & Account Number:

JEV No.

Signature :

Date :

Printed Name:

Date

Official Receipt No. & Date/Other Documents