## REPORT ON PAID PETTY CASH VOUCHERS Period Covered November \_\_\_\_\_ 2022

Entity Name: DoPAC, VSU	Report No:	_
Fund Cluster: STF (Lab Fees)	Sheet No.:	_

Date	Petty Cash Voucher No.	Particulars	Amount
11/9/2022	2022-12-0033	Handsoap-safeguard	125.00
		Rubbing alcohol- cleene	184.00
		Dishwashing Liquid- Joy	139.00
11/13/2022	2022-12-0034	Zonrox bleach	50.00
11/19/2022	2022-12-0035	Battery- AA(2) @110/pk	220.00
		Battery- AAA(2) @110/pk	220.00
		Bulb 25 w (2) 140	280.00
11/20/2022	2022-12-0036	Trash can @ 248 (3)	744.00
		1 roll garbage bag	88.00
	2022-12-0037	Bulb Led	260.00
	2022-12-0038	Equal swt powder	158.00
11/20/2022	2022-12-0039	Gelatine knox (10pcs)	275.00
	2022-12-0040	Fat milk- jolly cow	94.00
		Magnolia fat milk	105.00
		Nestle non-fat	107.75
11/22/2022	2022-12-0041	Distilled water 10 lts	525.00
11/23/2022	2022-12-0043	trashcan 4 pcs @248	992.00
		Hauling transport	300.00
			4,866.75

CERTIFICATION

I hereby certify to the correctness of the above information.

JANE M. ABAPO Petty Cash Oustodian

19-4-33

Date

Annex G

BUDGET	T UTILIZATION REQUEST & STATUS			No.:	02-206441-2022-12	
	VISAYAS STATE UNIVERSITY		Date:	12/05/22		
		ay City, Leyte		Fund:	STF -Lab. Fees	
Payee:	JANE M. AE					
Office:	DoPAC					
Address:	VSU, Visca	Baybay City, Leyte				
Responsibility Center				MFO/PAP	UACS Code / Expenditure	Amount
STF -LAB FEES	B FEES Replenishment of Laboratory expenses					4,866.7
			Total		4,866.7	
A prtified: Cha		opration/allotment		ed:Allotment a	available and oblig	ated for the
	necessary,	awful and under my direct and supporting documents		ed:Allotment a	evailable and oblig ecessary as indica	ated for the
Signature:	necessary, I supervision valid, proper	awful and under my direct and supporting documents and legal.		ed:Allotment a /adjustment n	ecessary as indica	ated for the
Signature:	necessary, I supervision valid, proper	awful and under my direct and supporting documents and legal. ZABETH S. QUEVEDO		ed:Allotment a /adjustment no NICK FREE	DDY R. BELLO	ated for the
Signature: Printed Name: Position:	necessary, I supervision valid,proper	awful and under my direct and supporting documents and legal.  ZABETH S. QUEVEDO Head, DoPAC		ed:Allotment a /adjustment no NICK FREE	ecessary as indica	ated for the
Signature:	necessary, I supervision valid, proper ELI	awful and under my direct and supporting documents and legal. ZABETH S. QUEVEDO		ed:Allotment a /adjustment no	DDY R. BELLO	ated for the
Signature: Printed Name: Position:	necessary, I supervision valid, proper ELI	awful and under my direct and supporting documents and legal.  ZABETH S. QUEVEDO Head, DoPAC  F OBLIGATION		ed:Allotment a /adjustment no	ODY R. BELLO Dunting Division	ated for the
Signature: Printed Name: Position:	necessary, supervision valid, proper ELI STATUS OF Ref	awful and under my direct and supporting documents and legal.  ZABETH S. QUEVEDO Head, DoPAC F OBLIGATION erence	purpose	NICK FRED Head, Acco	ODY R. BELLO ounting Division	ated for the sted above.

CNA	VISAYAS STATE UNIVERSITY			Fund Cluster :	
S TO	DISBURSEMENT VOUCHER				STF -Lab Fees
We to					27-Sep-22 DV No. :
Mode of Payment	MDS Check Com	mercial Chec	k ADA	Others (Please	specify)
Payee	JANE M. ABAPO		TIN/Employee 1	No.:	ORS/BURS No.:
Address	VSU, Baybay City, Leyte				
	Particulars		Responsibility Center	MFO/PAP	Amount
	nent of Laboratory expenses with pers hereto attached in the amount				4,866.75
	Amount Due				4,866.75
B. Accoun	ting Entry:		114 C8 C-1	1 511	1
	Account Title		UACS Code	Debit	Credit
C. Certifie	d:		D. Approved t	D. Approved for Payment	
St	ish available ibject to Authority to Debit Account (vipporting documents complete and amproper				
Printed			Printed Name		
Position	Name NICK FREDDY R. BELLO Position Head, Accounting Unit		Position	EDGARDO E. TULIN President	
Date	rieau, Accounting C	int	Date	F	resident
	of Payment		27.00		JEV No.
Check/ ADA No.	1	Date:	Bank Name & A	Account Number:	
Signature		Date:	Printed Name: J	JANE M. ABAPO	Date
Official Rec	reipt No. & Date/Other Documents				

PETTY CASH VOUCHER		No.: 2028 - 12 - 6035
Entity Name : VSU Fund Cluster: STF		Date: _   -9-22
Payee/Office : DoPAC Address : DoPAC, VSU		Responsibility Center Code: 02-206441-2022-09-
I. To be filled out upon request	II. To be filled	out upon liquidation
Particulars Amount Safeguard liquid tamberas - 121.00 Clure publing abount - 184.00 Luy dishwashing liquid - 159.00 448.00	Total Amount G Total Amount P OR/Invoice No Amount Ref (Reimbur	aid per b. 1070(39\$ N 82 448.0)  unded/
A Requested by:  JANE M. ABAPO  Signature over Printed Name Name of Requestor  Approved by:  ELIZABETH S. QUEVEDO  Signature over Printed Name Name of Immediate Supervisor	Signat	Received Refund  Reimbursement Paid  AND M. ABAPO ture over Printed Name tty Cash Custodian
B Paid by:  Signature over Printed Name Petty Cash Custodian  Cash Received by: Canobout JANE M. ABAPO  Signature over Printed Name Payee Date: 11-9-32	Signa	Liquidation Submitted  Reimbursement Received by:  JANE M. ABAPO  ture over Printed Name  Payee  11-10-22

		1 2000 10 0000	
PETTY CASH VOUCHER  Entity Name: VSU Fund Cluster: STF		No.: 3022 - 12 - 6084  Date: 1-13 - 22	
Payee/Office : DoPAC Address : DoPAC, VSU		Responsibility Center Co 02-206441-2022-09-	de:
I. To be filled out upon request		II. To be filled out upon liquidation	
Particulars	Amount		
gows Alvach 950 ml	40.80	Total Amount Granted 10.00  Total Amount Paid per OR/Invoice No. 116 218 10.00  Amount Refunded/ (Reimbursed)	
A Requested by:  JANE M. AB  Signature over Prin  Name of Reque  Approved by:  ELIZABETH S. QU  Signature over Prin  Name of Immediate S	estor  JEVEDO ted Name	Received Refund  Reimbursement Paid  JANE M. ABAPO  Signature over Printed Name Petty Cash Custodian	
Signature over Print Petty Cash Custo  JANE M. ABA  Signature over Print Payee Date: 1-12-3	ed Name boul- APO ed Name	Liquidation Submitted  Reimbursement Received by  JANE M. ABAPO  Signature over Printed Name  Payee  Date: 11-14-32	y:

PETTY CASH VOUCHER Entity Name: VSU Fund Cluster: STF		No.: 3088-12-5055  Date:   -  9-22
Payee/Office : DoPAC Address : DoPAC, VSU		Responsibility Center Code: 02-206441-2022-09-
I. To be filled out upon request	II. To be filled	out upon liquidation
Particulars Amount  2 yars battory Ah (2)-110.00 = 220.00  2 " " AAA (2)-110.00 + 220.00  2 yes. focus suelo 270-140.00 + 280.00  720.00	OR/Invoice No. 120 413 720. 60	
A Requested by:  JANE M. ABAPO  Signature over Printed Name Name of Requestor  Approved by:  ELIZABETH S. QUEVEDO  Signature over Printed Name Name of Immediate Supervisor	Signat	Received Refund  Reimbursement Paid  ANE M. ABAPO  ure over Printed Name  tty Cash Custodian
Signature over Printed Name Petty Cash Custodian  Cash Received by: Amabau JANE M. ABAPO  Signature over Printed Name Payee Date: 19-22	Signat	Liquidation Submitted  Reimbursement Received by:  JANE M. ABAPO  aure over Printed Name  Payee  11. 21. 22



			NAME OF THE PARTY
PETTY CASH VOUCHER  Entity Name: VSU Fund Cluster: STF		No.: 3032-12-6036  Date:   -  9-22	
Payee/Office : DoPAC Address : DoPAC, VSU			Responsibility Center Code: 02-206441-2022-09-
I. To be filled out upon request		II. To be filled	out upon liquidation
Particulars  S pss. troub can (348)  1 mil Boubary bag	Amount .0) - 144.0  - 88.0  - 882.0	Total Amount Granted 888.50  Total Amount Paid per OR/Invoice No. 8890 888.50  Amount Refunded/ (Reimbursed)	
A Requested by:  JANE M. AB  Signature over Prin  Name of Requested by:  Approved by:  ELIZABETH S. O  Signature over Prin  Name of Immediate	nted Name nestor UEVEDO nted Name	Signat	Received Refund  Reimbursement Paid  ANE M. ABAPO  nure over Printed Name  tty Cash Custodian
B Paid by:  Janu H. Oldo  Signature over Print  Petty Cash Cus  Cash Received by:  JANE M. AE  Signature over Print  Payee  Date: 11-19-	nted Name todian NAPO nted Name		Liquidation Submitted  Reimbursement Received by:  JANE M. ABAPO  ture over Printed Name  Payee  11. 21. 22

PETTY CASH VOUCHER  Entity Name: VSU Fund Cluster: STF		No.: 3082 - 12 - 6039	
Payee/Office : DoPAC Address : DoPAC, VSU			Responsibility Center Code: 02-206441-2022-09-
I. To be filled out upon r	equest	II. To be filled	out upon liquidation
Particulars	Amount		
1 gc. led bulb	240.80	Total Amount G Total Amount Pa	aid per
OR/Invoice N Amount Re		OR/Invoice No Amount Refi (Reimburg	unded/
A Requested by:  JANE M. ABAPO  Signature over Printed Name  Name of Requestor  Approved by:  Approved by:			Received Refund  Reimbursement Paid
ELIZABETH S. QUEVEDO Signature over Printed Name Name of Immediate Supervisor		Signati	ANE M. ABAPO ure over Printed Name ty Cash Custodian
B Paid by:  Jany M Obour  Signature over Printed Name Petty Cash Custodian  Cash Received by: Anabour			Liquidation Submitted  Reimbursement Received by:
Signature over Printed Name Payee Date: 19-32		Signate:	JANE M. ABAPO  ure over Printed Name  Payee  11- 24- 22

			PART IN TRIES
PETTY CASH VOUCHER  Entity Name: VSU Fund Cluster: STF		No.: 3022 - 12 - 8088  Date: 11-19-22	
Payee/Office : DoPAC Address : DoPAC, VSU			Responsibility Center Code: 02-206441-2022-09-
1. To be filled out upon re	equest	II. To be filled	out upon liquidation
Particulars	Amount		
1 sox Equal	128.50	Total Amount Granted 148.00  Total Amount Paid per OR/Invoice No. 107042724438 148.0	
		Amount Refi (Reimburs	
A Requested by:  JANE M. ABAPO  Signature over Printed Name Name of Requestor  Approved by:  ELIZABETH S. QUEVEDO		J/	Received Refund Reimbursement Paid  Amabour ANE M. ABAPO
Signature over Prin Name of Immediate			ty Cash Custodian
B Paid by:  Janu M. Jaha  Signature over Prin  Petty Cash Cust	ted Name	D	Liquidation Submitted Reimbursement Received by:
Cash Received by: Smolour JANE M. ABAPO  Signature over Printed Name  Payee  Signa		Signate:	JANE M. ABAPO  ure over Printed Name  Payee   - 21 - 22

PETTY CASH VOUCHE Entity Name: VSU Fund Cluster: STF	No.: 2022 - 12 - 5039  Date: 11 - 19 - 22
Payee/Office : DoPAC Address : DoPAC, VSU	Responsibility Center Code: 02-206441-2022-09-
I. To be filled out upon request	II. To be filled out upon liquidation
Particulars Amount  10 Sachts Knox Hebotine (27.40) 275.8	Total Amount Granted  Total Amount Paid per OR/Invoice No. 89418  Amount Refunded/ (Reimbursed)
A Requested by:  JANE M. ABAPO  Signature over Printed Name Name of Requestor  Approved by:  ELIZABETH S. QUEVEDO  Signature over Printed Name Name of Immediate Supervisor	Received Refund  Reimbursement Paid  Amabata JANE M. ABAPO Signature over Printed Name Petty Cash Custodian
Signature over Printed Name Petty Cash Custodian  Cash Received by: Inobot- JANE M. ABAPO  Signature over Printed Name Payee Date: 11-19-22	Liquidation Submitted  Reimbursement Received by:  JANE M. ABAPO  Signature over Printed Name  Payee  Date: 11-24-22

			The same and the same
PETTY CASH VOUCHER  Entity Name: VSU Fund Cluster: STF		No.: 3092-12-6040  Date: 11-19-22	
Payee/Office : DoPAC Address : DoPAC, VSU			Responsibility Center Code: 02-206441-2022-09-
I. To be filled out upon re	equest	II. To be filled	out upon liquidation
Particulars	Amount		
1 pc. July Crus Tro. fas		Total Amount G	ranted 500.71
1 " Magasia "	" - 101.00	Total Amount P	BL UA
1 " Neithe "	" - 101. U	OR/Invoice No	्रा गाउ
W. 108		Amount Ref (Reimbur	
A Requested by:  JANE M. AB  Signature over Prir  Name of Requested by:  Approved by:  ELIZABETH S. OF  Signature over Prir  Name of Immediate	nted Name nestor  UEVEDO nted Name	Signat	Received Refund  Reimbursement Paid  ANE M. ABAPO  ure over Printed Name  tty Cash Custodian
B Paid by:  Signature over Print Petty Cash Customer Dane Print Payee  Date: 1-19-3	nted Name todian molou- MAPO nted Name	Signat	Liquidation Submitted  Reimbursement Received by:  JANE M. ABAPO  ure over Printed Name  Payee  11. 21. 32



PETTY CASH VOUCHER Entity Name: VSU Fund Cluster: STF		No.: 3082 - 12 - 604]  Date: 11 - 24 - 22
Payee/Office : DoPAC Address : DoPAC, VSU		Responsibility Center Code: 02-206441-2022-09-
I. To be filled out upon request	II. To be filled out upon liquidation	
Particulars Amount  5 (10'1) distilled Water 104. 80 = 121.8	Total Amount Go Total Amount Pa OR/Invoice No Amount Refu (Reimburs	aid per 496 86 481.80 unded/
A Requested by:  JANE M ABAPO Signature over Printed Name Name of Requestor  Approved by:  ELIZABETH S. QUEVEDO Signature over Printed Name Name of Immediate Supervisor	J/ Signati	Received Refund Reimbursement Paid  Anothor ANE M. ABAPO ure over Printed Name ty Cash Custodian
Signature over Printed Name Petty Cash Custodian  Cash Received by: Signature over Printed Name JANE M. ABAPO  Signature over Printed Name Payee Date: 1-31-33		Liquidation Submitted  Reimbursement Received by:  JANE M. ABAPO  ure over Printed Name  Payee  11- 25- 22

	No.: 2024-12-6042	
PETTY CASH VOUCHE Entity Name: VSU	R Date: 11-19-22	
Fund Cluster: STF	_ 111-00	
Payee/Office : DoPAC Address : DoPAC, VSU	Responsibility Center Code: 02-206441-2022-09-	
I. To be filled out upon request	II. To be filled out upon liquidation	
Particulars Amount		
Hauling transportation 38.80 to and from USU.  haulay purpor	Total Amount Granted & & & & & & & & & & & & & & & & & & &	
A Requested by:  JANE M. ABAPO  Signature over Printed Name  Name of Requestor	Received Refund Reimbursement Paid	
ELIZABETH S. QUEVEDO Signature over Printed Name Name of Immediate Supervisor	JANE M. ABAPO Signature over Printed Name Petty Cash Custodian	
B Paid by:  Jone H. Obote  Signature over Printed Name  Petty Cash Custodian	Liquidation Submitted  Reimbursement Received by:	
Signature over Printed Name Payee Date: 19-20	JANE M. ABAPO  Signature over Printed Name  Payee  Date: 1 - 21 - 22	

PETTY CASH VOUCHER Entity Name: VSU Fund Cluster: STF		No.: 3082 - 12 - 8043  Date:    -38 - 32	
Payee/Office : DoPAC Address : DoPAC, VSU		Responsibility Center Code: 02-206441-2022-09-	
I. To be filled out upon request		II. To be filled out upon liquidation	
Particulars	Amount		
4 pes trashoan (218.8)	992.00	Total Amount Granted 992.00  Total Amount Paid per OR/Invoice No. 9420 992.00  Amount Refunded/ (Reimbursed)	
A Requested by:  JANE M. ABAPO  Signature over Printed Name Name of Requestor  Approved by:  ELIZABETH S. QUEVEDO  Signature over Printed Name		Received Refund  Reimbursement Paid  JANE M. ABAPO  Signature over Printed Name	
Name of Immediate S  B Paid by:		D	y Cash Custodian
Signature over Print Petty Cash Custo	ed Name		Liquidation Submitted Reimbursement Received by:
Signature over Printer  Payee  Date: 11-22-3	ed Name	Signatu Date:	JANE M. ABAPO  re over Printed Name  Payee  11. 34. 32