

## REPORT ON PAID PETTY CASH VOUCHERS


Period Covered November \_\_\_\_\_ 2022

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

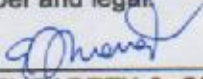
Date	Petty Cash Voucher No.	Particulars	Amount
11/9/2022	2022-12-0033	Handsoap-safeguard	125.00
		Rubbing alcohol- cleene	184.00
		Dishwashing Liquid- Joy	139.00
11/13/2022	2022-12-0034	Zonrox bleach	50.00
11/19/2022	2022-12-0035	Battery- AA(2) @110/pk	220.00
		Battery- AAA(2) @110/pk	220.00
		Bulb 25 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
			<b>4,866.75</b>

## CERTIFICATION


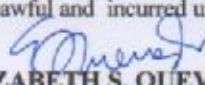
I hereby certify to the correctness of the above information.

  
**JANE M. ABAPO**  
 Petty Cash Custodian

12.5.22  
 Date

<b>BUDGET UTILIZATION REQUEST &amp; STATUS</b>				No.: 02-206441-2022-12		
<b>VISAYAS STATE UNIVERSITY</b>				Date: 12/05/22		
<b>Visca, Baybay City, Leyte</b>				Fund: STF -Lab. Fees		
Payee:	JANE M. ABAPO					
Office:	DoPAC					
Address:	VSU, Visca Baybay City, Leyte					
<b>Responsibility Center</b>		<b>MFO/PAP</b>	<b>UACS Code / Expenditure</b>	<b>Amount</b>		
STF -LAB FEES	Replenishment of Laboratory expenses			4,866.75		
		<b>Total</b>		4,866.75		
<b>A</b> Certified: Charges to appropriation/allotment necessary, lawful and under my direct supervision and supporting documents valid, proper and legal.			<b>B</b> Certified: Allotment available and obligated for the purpose/adjustment necessary as indicated above.			
Signature:  Printed Name: <b>ELIZABETH S. QUEVEDO</b> Position: Head, DoPAC			<b>NICK FREDDY R. BELLO</b> Head, Accounting Division			
<b>C STATUS OF OBLIGATION</b>						
Reference			Amount			
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
	Obligation	02-206441-2022-12	4,866.75		4,866.75	
	Totals					



		<b>VISAYAS STATE UNIVERSITY</b> Entity Name		Fund Cluster : STF -Lab Fees	
		<b>DISBURSEMENT VOUCHER</b>		27-Sep-22 DV No. :	
Mode of Payment	<input type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify)				
Payee	JANE M. ABAPO		TIN/Employee No.:	ORS/BURS No.:	
Address	VSU, Baybay City, Leyte				
Particulars			Responsibility Center	MFO/PAP	Amount
Replenishment of Laboratory expenses with pertinent papers hereto attached in the amount of.....					4,866.75
Amount Due					4,866.75
<b>A.</b> Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.  <b>ELIZABETH S. QUEVEDO</b> Printed Name, Designation and Signature of Supervisor					
<b>B.</b> Accounting Entry:					
Account Title			UACS Code	Debit	Credit
<b>C. Certified:</b>			<b>D. Approved for Payment</b>		
<input type="checkbox"/> Cash available <input type="checkbox"/> Subject to Authority to Debit Account (when applicable) <input type="checkbox"/> Supporting documents complete and amount claimed proper					
Signature			Signature		
Printed Name			Printed Name		
NICK FREDDY R. BELLO			EDGARDO E. TULIN		
Position			Position		
Head, Accounting Unit			President		
Date			Date		
<b>E. Receipt of Payment</b>					JEV No.
Check/ADA No. :	Date :	Bank Name & Account Number:			
Signature :	Date :	Printed Name: JANE M. ABAPO		Date	
Official Receipt No. & Date/Other Documents					

<b>PETTY CASH VOUCHER</b>		No. : <u>2022-12-0038</u>
<b>Entity Name : VSU</b> <b>Fund Cluster: STF</b>		<b>Date : <u>11-9-22</u></b>
<b>Payee/Office : DoPAC</b> <b>Address : DoPAC, VSU</b>		<b>Responsibility Center Code:</b> 02-206441-2022-09-
<b>I. To be filled out upon request</b>		<b>II. To be filled out upon liquidation</b>
Particulars	Amount	
Safeguard liquid hand soap	- 125.00	Total Amount Granted <span style="float: right;"><u>448.00</u></span>
Chem. mulling alcohol	- 184.00	Total Amount Paid per
Joy dishwashing liquid	- 139.00	OR/Invoice No. <u>10705398 N 22</u> <span style="float: right;"><u>448.00</u></span>
	<u>448.00</u>	Amount Refunded/ (Reimbursed)
<b>A Requested by:</b> <div style="text-align: center;">   <u>JANE M. ABAPO</u>            Signature over Printed Name            Name of Requestor         </div> <b>Approved by:</b> <div style="text-align: center;">   <u>ELIZABETH S. QUEVEDO</u>            Signature over Printed Name            Name of Immediate Supervisor         </div>		<b>C</b> <div style="margin-bottom: 20px;"> <input type="checkbox"/> Received Refund  <input type="checkbox"/> Reimbursement Paid         </div> <div style="text-align: center;">   <u>JANE M. ABAPO</u>            Signature over Printed Name            Petty Cash Custodian         </div>
<b>B Paid by:</b> <div style="text-align: center;">   <u>JANE M. ABAPO</u>            Signature over Printed Name            Petty Cash Custodian         </div> <b>Cash Received by:</b> <u>JANE M. ABAPO</u> Signature over Printed Name Payee Date: <u>11-9-22</u>		<b>D</b> <div style="margin-bottom: 20px;"> <input checked="" type="checkbox"/> Liquidation Submitted  <input type="checkbox"/> Reimbursement Received by:         </div> <div style="text-align: center;">   <u>JANE M. ABAPO</u>            Signature over Printed Name            Payee            Date: <u>11-10-22</u> </div>



<b>PETTY CASH VOUCHER</b>		No. : <u>2022-12-0034</u>
Entity Name : VSU Fund Cluster: STF		Date : <u>11-13-22</u>
Payee/Office : DoPAC Address : DoPAC, VSU		Responsibility Center Code: 02-206441-2022-09-
<b>I. To be filled out upon request</b>		<b>II. To be filled out upon liquidation</b>
Particulars	Amount	
<u>quart bleach 900 mL</u>	<u>10.00</u>	Total Amount Granted <span style="float: right;"><u>10.00</u></span>
		Total Amount Paid per OR/Invoice No. <u>116248</u> <span style="float: right;"><u>10.00</u></span>
		Amount Refunded/ (Reimbursed)
<b>A</b> Requested by: <u>Jane M. Abapo</u> JANE M. ABAPO Signature over Printed Name Name of Requestor  Approved by: <u>Elizabeth S. Quevedo</u> ELIZABETH S. QUEVEDO Signature over Printed Name Name of Immediate Supervisor		<b>C</b> <input type="checkbox"/> Received Refund <input type="checkbox"/> Reimbursement Paid  <u>Jane M. Abapo</u> JANE M. ABAPO Signature over Printed Name Petty Cash Custodian
<b>B</b> Paid by: <u>Jane M. Abapo</u> Jane M. Abapo Signature over Printed Name Petty Cash Custodian  Cash Received by: <u>Jane M. Abapo</u> JANE M. ABAPO Signature over Printed Name Payee Date: <u>11-13-22</u>		<b>D</b> <input checked="" type="checkbox"/> Liquidation Submitted <input type="checkbox"/> Reimbursement Received by:  <u>Jane M. Abapo</u> JANE M. ABAPO Signature over Printed Name Payee Date: <u>11-15-22</u>

<b>PETTY CASH VOUCHER</b>		No. : <u>2022-12-0035</u>																
<b>Entity Name : VSU</b> <b>Fund Cluster: STF</b>		<b>Date : <u>11-19-22</u></b>																
<b>Payee/Office : DoPAC</b> <b>Address : DoPAC, VSU</b>		<b>Responsibility Center Code:</b> 02-206441-2022-09-																
<b>I. To be filled out upon request</b>		<b>II. To be filled out upon liquidation</b>																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Particulars</th> <th style="width: 40%;">Amount</th> </tr> </thead> <tbody> <tr> <td>2 pack battery AA (2) - 110.00</td> <td>= 220.00</td> </tr> <tr> <td>2 " " AAA (2) - 110.00</td> <td>= 220.00</td> </tr> <tr> <td>2 pcs. focus web 250 - 140.00</td> <td>= 280.00</td> </tr> <tr> <td></td> <td style="border-top: 1px solid black;">720.00</td> </tr> </tbody> </table>	Particulars	Amount	2 pack battery AA (2) - 110.00	= 220.00	2 " " AAA (2) - 110.00	= 220.00	2 pcs. focus web 250 - 140.00	= 280.00		720.00	<table style="width: 100%;"> <tr> <td style="width: 70%;">Total Amount Granted</td> <td style="width: 30%; border: 1px solid black; text-align: center;">720.00</td> </tr> <tr> <td>Total Amount Paid per OR/Invoice No. <u>120413</u></td> <td style="border: 1px solid black; text-align: center;">720.00</td> </tr> <tr> <td colspan="2">Amount Refunded/ (Reimbursed)</td> </tr> </table>		Total Amount Granted	720.00	Total Amount Paid per OR/Invoice No. <u>120413</u>	720.00	Amount Refunded/ (Reimbursed)	
Particulars	Amount																	
2 pack battery AA (2) - 110.00	= 220.00																	
2 " " AAA (2) - 110.00	= 220.00																	
2 pcs. focus web 250 - 140.00	= 280.00																	
	720.00																	
Total Amount Granted	720.00																	
Total Amount Paid per OR/Invoice No. <u>120413</u>	720.00																	
Amount Refunded/ (Reimbursed)																		
<b>A Requested by:</b> <div style="text-align: center;"> <u>JANE M. ABAPO</u>            Signature over Printed Name            Name of Requestor         </div> <b>Approved by:</b> <div style="text-align: center;"> <u>ELIZABETH S. QUEVEDO</u>            Signature over Printed Name            Name of Immediate Supervisor         </div>		<b>C</b> <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Received Refund         </div> <div> <input type="checkbox"/> Reimbursement Paid         </div> </div> <div style="text-align: center;"> <u>JANE M. ABAPO</u>            Signature over Printed Name            Petty Cash Custodian         </div>																
<b>B Paid by:</b> <div style="text-align: center;"> <u>JANE M. ABAPO</u>            Signature over Printed Name            Petty Cash Custodian         </div> <b>Cash Received by:</b> <div style="text-align: center;"> <u>JANE M. ABAPO</u>            Signature over Printed Name            Payee            Date: <u>11-19-22</u> </div>		<b>D</b> <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> Liquidation Submitted         </div> <div> <input type="checkbox"/> Reimbursement Received by:         </div> </div> <div style="text-align: center;"> <u>JANE M. ABAPO</u>            Signature over Printed Name            Payee            Date: <u>11-21-22</u> </div>																



<b>PETTY CASH VOUCHER</b>		No. : <u>2022-12-0056</u>														
<b>Entity Name :</b> VSU <b>Fund Cluster:</b> STF		<b>Date :</b> <u>11-19-22</u>														
<b>Payee/Office :</b> DoPAC <b>Address :</b> DoPAC, VSU		<b>Responsibility Center Code:</b> 02-206441-2022-09-														
<b>I. To be filled out upon request</b>		<b>II. To be filled out upon liquidation</b>														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;">Particulars</th> <th style="text-align: left; padding: 2px;">Amount</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">3 pcs. trash can (248.00)</td> <td style="padding: 2px;">- 744.00</td> </tr> <tr> <td style="padding: 2px;">1 roll Barbary bag</td> <td style="padding: 2px;">- 88.00</td> </tr> <tr> <td></td> <td style="padding: 2px; border-top: 1px solid black;">832.00</td> </tr> </tbody> </table>	Particulars	Amount	3 pcs. trash can (248.00)	- 744.00	1 roll Barbary bag	- 88.00		832.00	<table style="width: 100%;"> <tr> <td style="width: 60%;">Total Amount Granted</td> <td style="width: 40%; border: 1px solid black; text-align: center;">832.00</td> </tr> <tr> <td>Total Amount Paid per OR/Invoice No. <u>8320</u></td> <td style="border: 1px solid black; text-align: center;">832.00</td> </tr> <tr> <td colspan="2" style="padding-top: 10px;">           Amount Refunded/ (Reimbursed)         </td> </tr> </table>		Total Amount Granted	832.00	Total Amount Paid per OR/Invoice No. <u>8320</u>	832.00	Amount Refunded/ (Reimbursed)	
Particulars	Amount															
3 pcs. trash can (248.00)	- 744.00															
1 roll Barbary bag	- 88.00															
	832.00															
Total Amount Granted	832.00															
Total Amount Paid per OR/Invoice No. <u>8320</u>	832.00															
Amount Refunded/ (Reimbursed)																
<b>A Requested by:</b> <div style="text-align: center; margin-top: 10px;"> <u>JANE M. ABAPO</u>            Signature over Printed Name            Name of Requestor         </div> <div style="text-align: center; margin-top: 20px;"> <b>Approved by:</b>  <u>ELIZABETH S. QUEVEDO</u>            Signature over Printed Name            Name of Immediate Supervisor         </div>		<b>C</b> <div style="margin-top: 10px;"> <input type="checkbox"/> Received Refund  <input type="checkbox"/> Reimbursement Paid         </div> <div style="text-align: center; margin-top: 20px;"> <u>JANE M. ABAPO</u>            Signature over Printed Name            Petty Cash Custodian         </div>														
<b>B Paid by:</b> <div style="text-align: center; margin-top: 10px;"> <u>JANE M. ABAPO</u>            Signature over Printed Name            Petty Cash Custodian         </div> <div style="text-align: center; margin-top: 20px;"> <b>Cash Received by:</b>  <u>JANE M. ABAPO</u>            Signature over Printed Name            Payee            Date: <u>11-19-22</u> </div>		<b>D</b> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> Liquidation Submitted  <input type="checkbox"/> Reimbursement Received by:         </div> <div style="text-align: center; margin-top: 20px;"> <u>JANE M. ABAPO</u>            Signature over Printed Name            Payee            Date: <u>11-21-22</u> </div>														

PETTY CASH VOUCHER		No. : <u>2022-12-0037</u>
Entity Name : VSU Fund Cluster: STF		Date : <u>11-19-22</u>
Payee/Office : DoPAC Address : DoPAC, VSU		Responsibility Center Code: 02-206441-2022-09-
<b>I. To be filled out upon request</b>		<b>II. To be filled out upon liquidation</b>
Particulars	Amount	
1 ge. led bulb	260.00	Total Amount Granted <u>260.00</u>
		Total Amount Paid per OR/Invoice No. <u>8/0076782</u> <u>260.00</u>
		Amount Refunded/ (Reimbursed)
<b>A</b> Requested by: <u>Jane M. Abapo</u> JANE M. ABAPO Signature over Printed Name Name of Requestor  Approved by: <u>Elizabeth S. Quevedo</u> ELIZABETH S. QUEVEDO Signature over Printed Name Name of Immediate Supervisor		<b>C</b> <input type="checkbox"/> Received Refund <input type="checkbox"/> Reimbursement Paid  <u>Jane M. Abapo</u> JANE M. ABAPO Signature over Printed Name Petty Cash Custodian
<b>B</b> Paid by: <u>Jane M. Abapo</u> Jane M. Abapo Signature over Printed Name Petty Cash Custodian  Cash Received by: <u>Jane M. Abapo</u> JANE M. ABAPO Signature over Printed Name Payee Date: <u>11-19-22</u>		<b>D</b> <input checked="" type="checkbox"/> Liquidation Submitted <input type="checkbox"/> Reimbursement Received by:  <u>Jane M. Abapo</u> JANE M. ABAPO Signature over Printed Name Payee Date: <u>11-24-22</u>



<b>PETTY CASH VOUCHER</b>		No. : <u>2022-12-0058</u>
Entity Name : VSU Fund Cluster: STF		Date : <u>11-19-22</u>
Payee/Office : DoPAC Address : DoPAC, VSU		Responsibility Center Code: 02-206441-2022-09-
<b>I. To be filled out upon request</b>		<b>II. To be filled out upon liquidation</b>
Particulars	Amount	
1 box Equal	158.00	Total Amount Granted <span style="float: right;">158.00</span>
		Total Amount Paid per OR/Invoice No. <u>1070527211153</u> <span style="float: right;">158.00</span>
		Amount Refunded/ (Reimbursed)
<b>A</b> Requested by: <u>Jane M. ABAPO</u> Signature over Printed Name Name of Requestor  Approved by: <u>Elizabeth S. Quevedo</u> <u>ELIZABETH S. QUEVEDO</u> Signature over Printed Name Name of Immediate Supervisor		<b>C</b> <input type="checkbox"/> Received Refund <input type="checkbox"/> Reimbursement Paid  <u>Jane M. ABAPO</u> Signature over Printed Name Petty Cash Custodian
<b>B</b> Paid by: <u>Jane M. ABAPO</u> Signature over Printed Name Petty Cash Custodian  Cash Received by: <u>Jane M. ABAPO</u> <u>JANE M. ABAPO</u> Signature over Printed Name Payee Date: <u>11-19-22</u>		<b>D</b> <input checked="" type="checkbox"/> Liquidation Submitted <input type="checkbox"/> Reimbursement Received by:  <u>Jane M. ABAPO</u> Signature over Printed Name Payee Date: <u>11-21-22</u>



<b>PETTY CASH VOUCHER</b>		No. : <u>2022-12-0039</u>
Entity Name : VSU Fund Cluster: STF		Date : <u>11-19-22</u>
Payee/Office : DoPAC Address : DoPAC, VSU		Responsibility Center Code: 02-206441-2022-09-
<b>I. To be filled out upon request</b>		<b>II. To be filled out upon liquidation</b>
Particulars	Amount	
10 Sacks Knox Helix (27.50) 275.00		Total Amount Granted <span style="float: right;"><u>275.00</u></span>
		Total Amount Paid per OR/Invoice No. <u>89418</u> <span style="float: right;"><u>275.00</u></span>
		Amount Refunded/ (Reimbursed)
<b>A</b> Requested by: <div style="text-align: center; margin-top: 10px;"> <u>JANE M. ABAPO</u>            Signature over Printed Name            Name of Requestor         </div> <div style="text-align: center; margin-top: 20px;">           Approved by:   <u>ELIZABETH S. QUEVEDO</u>            Signature over Printed Name            Name of Immediate Supervisor         </div>		<b>C</b> <div style="margin-top: 10px;"> <input type="checkbox"/> Received Refund  <input type="checkbox"/> Reimbursement Paid         </div> <div style="text-align: center; margin-top: 20px;">   <u>JANE M. ABAPO</u>            Signature over Printed Name            Petty Cash Custodian         </div>
<b>B</b> Paid by: <div style="text-align: center; margin-top: 10px;">   <u>Jane H. ABAPO</u>            Signature over Printed Name            Petty Cash Custodian         </div> <div style="text-align: center; margin-top: 20px;">           Cash Received by:   <u>JANE M. ABAPO</u>            Signature over Printed Name            Payee            Date: <u>11-19-22</u> </div>		<b>D</b> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> Liquidation Submitted  <input type="checkbox"/> Reimbursement Received by:         </div> <div style="text-align: center; margin-top: 20px;">   <u>JANE M. ABAPO</u>            Signature over Printed Name            Payee            Date: <u>11-21-22</u> </div>



<b>PETTY CASH VOUCHER</b>		No. : <u>2022-12-6040</u>
Entity Name : VSU Fund Cluster: STF		Date : <u>11-19-22</u>
Payee/Office : DoPAC Address : DoPAC, VSU		Responsibility Center Code: 02-206441-2022-09-
<b>I. To be filled out upon request</b>		<b>II. To be filled out upon liquidation</b>
Particulars	Amount	
1 pc. Jolly Cow Tin. fat. Milk	- 94.50	Total Amount Granted <span style="float: right;"><u>306.75</u></span>
1 " Magnolia "	- 105.50	Total Amount Paid per
1 " Nestle "	- 107.75	OR/Invoice No. <u>4643</u> <span style="float: right;"><u>306.75</u></span>
	<u>306.75</u>	Amount Refunded/ (Reimbursed)
<b>A. Requested by:</b> <u>Jane M. ABAPO</u> Signature over Printed Name Name of Requestor  <b>Approved by:</b> <u>Elizabeth S. Quevedo</u> Signature over Printed Name Name of Immediate Supervisor		<b>C.</b> <input type="checkbox"/> Received Refund <input type="checkbox"/> Reimbursement Paid  <u>Jane M. ABAPO</u> Signature over Printed Name Petty Cash Custodian
<b>B. Paid by:</b> <u>Jane M. ABAPO</u> Signature over Printed Name Petty Cash Custodian  <b>Cash Received by:</b> <u>Jane M. ABAPO</u> Signature over Printed Name Payee Date: <u>11-19-22</u>		<b>D.</b> <input checked="" type="checkbox"/> Liquidation Submitted <input type="checkbox"/> Reimbursement Received by:  <u>Jane M. ABAPO</u> Signature over Printed Name Payee Date: <u>11-21-22</u>



<b>PETTY CASH VOUCHER</b>		No. : <u>2022-12-6041</u>
Entity Name : VSU Fund Cluster: STF		Date : <u>11-21-22</u>
Payee/Office : DoPAC Address : DoPAC, VSU		Responsibility Center Code: 02-206441-2022-09-
<b>I. To be filled out upon request</b>		<b>II. To be filled out upon liquidation</b>
Particulars	Amount	
5 (10L) distilled Water 10x.00 = 525.00		Total Amount Granted <span style="float: right;"><u>525.00</u></span>
		Total Amount Paid per OR/Invoice No. <u>49686</u> <span style="float: right;"><u>525.00</u></span>
		Amount Refunded/ (Reimbursed)
<b>A Requested by:</b> <u>JANE M. ABAPO</u> Signature over Printed Name Name of Requestor  <b>Approved by:</b> <u>ELIZABETH S. QUEVEDO</u> Signature over Printed Name Name of Immediate Supervisor		<b>C</b> <input type="checkbox"/> Received Refund <input type="checkbox"/> Reimbursement Paid  <u>JANE M. ABAPO</u> Signature over Printed Name Petty Cash Custodian
<b>B Paid by:</b> <u>JANE M. ABAPO</u> Signature over Printed Name Petty Cash Custodian  <b>Cash Received by:</b> <u>JANE M. ABAPO</u> Signature over Printed Name Payee Date: <u>11-21-22</u>		<b>D</b> <input checked="" type="checkbox"/> Liquidation Submitted <input type="checkbox"/> Reimbursement Received by:  <u>JANE M. ABAPO</u> Signature over Printed Name Payee Date: <u>11-23-22</u>



<b>PETTY CASH VOUCHER</b>		No. : <u>2022-12-6042</u>
Entity Name : VSU Fund Cluster: STF		Date : <u>11-19-22</u>
Payee/Office : DoPAC Address : DoPAC, VSU		Responsibility Center Code: 02-206441-2022-09-
<b>I. To be filled out upon request</b>		<b>II. To be filled out upon liquidation</b>
Particulars	Amount	
Hauling transportation to and from VSU. Baybay paper	300.00	Total Amount Granted <span style="float: right; border: 1px solid black; padding: 2px;">300.00</span>
		Total Amount Paid per OR/Invoice No. <u>CE RR</u> <span style="float: right; border: 1px solid black; padding: 2px;">300.00</span>
		Amount Refunded/ (Reimbursed)
<b>A</b> Requested by: <u>Jane M. Abapo</u> JANE M. ABAPO Signature over Printed Name Name of Requestor  Approved by: <u>Elizabeth S. Quevedo</u> ELIZABETH S. QUEVEDO Signature over Printed Name Name of Immediate Supervisor		<b>C</b> <input type="checkbox"/> Received Refund  <input type="checkbox"/> Reimbursement Paid  <u>Jane M. Abapo</u> JANE M. ABAPO Signature over Printed Name Petty Cash Custodian
<b>B</b> Paid by: <u>Jane M. Abapo</u> Jane M. Abapo Signature over Printed Name Petty Cash Custodian  Cash Received by: <u>Jane M. Abapo</u> JANE M. ABAPO Signature over Printed Name Payee Date: <u>11-19-22</u>		<b>D</b> <input checked="" type="checkbox"/> Liquidation Submitted  <input type="checkbox"/> Reimbursement Received by:  <u>Jane M. Abapo</u> JANE M. ABAPO Signature over Printed Name Payee Date: <u>11-21-22</u>



<b>PETTY CASH VOUCHER</b>		No. : <u>2022-12-0043</u>
Entity Name : VSU Fund Cluster: STF		Date : <u>11-28-22</u>
Payee/Office : DoPAC Address : DoPAC, VSU		Responsibility Center Code: 02-206441-2022-09-
<b>I. To be filled out upon request</b>		<b>II. To be filled out upon liquidation</b>
Particulars	Amount	
4 pcs. trashcan (242.00)	992.00	Total Amount Granted <span style="float: right; border: 1px solid black; padding: 2px 10px;">992.00</span>
		Total Amount Paid per OR/Invoice No. <u>9420</u> <span style="float: right; border: 1px solid black; padding: 2px 10px;">992.00</span>
		Amount Refunded/ (Reimbursed)
<b>A</b> Requested by: <div style="text-align: center; margin-top: 10px;"> <u>JANE M. ABAPO</u>            Signature over Printed Name            Name of Requestor         </div> <div style="text-align: center; margin-top: 20px;"> <u>ELIZABETH S. QUEVEDO</u>            Signature over Printed Name            Name of Immediate Supervisor         </div>		<b>C</b> <div style="margin-top: 10px;"> <input type="checkbox"/> Received Refund  <input type="checkbox"/> Reimbursement Paid         </div> <div style="text-align: center; margin-top: 20px;"> <u>JANE M. ABAPO</u>            Signature over Printed Name            Petty Cash Custodian         </div>
<b>B</b> Paid by: <div style="text-align: center; margin-top: 10px;"> <u>JANE M. ABAPO</u>            Signature over Printed Name            Petty Cash Custodian         </div> <div style="text-align: center; margin-top: 20px;">           Cash Received by:   <u>JANE M. ABAPO</u>            Signature over Printed Name            Payee            Date: <u>11-28-22</u>  <div style="text-align: center;">22</div> </div>		<b>D</b> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> Liquidation Submitted  <input type="checkbox"/> Reimbursement Received by:         </div> <div style="text-align: center; margin-top: 20px;"> <u>JANE M. ABAPO</u>            Signature over Printed Name            Payee            Date: <u>11-24-22</u> </div>