



REPUBLIC OF THE PHILIPPINES
General Santos City
FUND UTILIZATION REQUEST AND STATUS

magandang YouSun!

FURS No.: 2021-03-006

Date: MAR 09 2021

Fund: ACAMP

Payee:	SKO TRADING
Address:	city housing and land management office 2nd floor cityhall drive General santos
Office:	6541-City Housing and Land Management Office

Project/Purpose	PPA No	Component No	Output No.	Particulars	Account Code	Amount
Development, Maintenance and Management of Public Cemetery	2-(Development, Maintenance and Management of Public Cemetery)	1	1	CO-(Current)	1-07-05-020	60,000.00

CONTROLLED: P 66.077-12
DATE: 3/19/21 BANK NO: BP 6012
SL CODE: ACAMP 1437-13

A. Certified

Charges to special trust account necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal

MARY ANN T. BACAR
Signature Over Printed Name/Position
Head of the Department or Office

Date:

A. Certified

Funds available and utilized for the purpose/adjustment necessary as indicated above

RHESABABES G. SUMALPONG
Signature Over Printed Name/Position
Head, Accounting Division/Unit/ Authorized Representative

Date:

c. STATUS OF UTILIZATION

Reference				Amount			
Date	Particulars	FURS/JEV/RCI/RADI A No.	Utilization	Payable	Payment	Balance	
						Not Yet Due	Due and Demandable



FD03042100011



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Office:	6541-City Housing and Land Management Office

Project/Purpose	PPA No	Component No	Output No.	Particulars	Account Code	Amount
Development, Maintenance and Management of Public Cemetery	2-(Development, Maintenance and Management of Public Cemetery)	1	1	CO-(Current)	1-07-05-020	60,000.00

CONTROLLED: P 60,000.00
DATE: 13/09/2021 BANK NO: LBP 6012
SL CODE: ACAMP / 437-B

A. Certified
Charges to special trust account necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal

MARYANN T. BACAR
Signature Over Printed Name/Position
Head of the Department or Office

Date: _____

A. Certified
Funds available and utilized for the purpose/adjustment necessary as indicated above

RHESABABES G. SUMALPONG
Signature Over Printed Name/Position
Head, Accounting Division/Unit/ Authorized Representative

RHESABABES G. SUMALPONG
Date: _____

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