AREA II

FACULTY

PARAMETER G:

SALARIES, FRINGE BENEFITS AND INCENTIVES

O.1

O.1 The faculty are satisfied with their compensation and rewards

Copy of Plantilla

Republic of the Philippines
DEPARTMENT OF BUDGET AND MANAGEMENT
PERSONAL SERVICES ITEMIZATION AND PLANTILLA OF PERSONNEL (PSIPOP)
for the Fiscal Year : 2025

Record No. 193 - 204 of 568
Page 17 of 48 pages

Department: State Universities and Colleges | **Bureau/Agency:** University of Southern Mindanao

ITEM NUMBER (1)	POSITION TITLE and SALARY GRADE (2)	ANNUAL SALARY AUTHORIZED (3)	ANNUAL SALARY ACTUAL (4)	STEP (5)	AREA CODE (6)	AREA TYPE (7)	LEVEL (8)	P/P/A ATTRIBUTION (9)	NAME OF INCUMBENT (10)	SEX (11)	DATE OF BIRTH (12)	TIN (13)	DATE OF ORIGINAL APPOINTMENT (14)	DATE OF LAST PROMOTION (15)	STATUS (16)	CIVIL SERVICE ELIGIBILITY (17)
5.0000	HIGHER EDUCATION SERVICES															
	Total Positions: 568	405,105,468	334,103,172													
USMB-APRO2-48-2024	ASSOCIATE PROFESSOR II - 20	755,604	776,784	3	120	R	T	310100100002000	VILDAC, JAY R GRAZA	M	09/18/94	325089136000	12/19/17	03/11/24	P	RA1080
Subtotal	No. of Filled Positions: 12	9,067,248	9,119,928													
	No. of Unfilled Positions: 0	0	0													

Department of Budget and Management

AKMAD J. USMAN
REGIONAL DIRECTOR

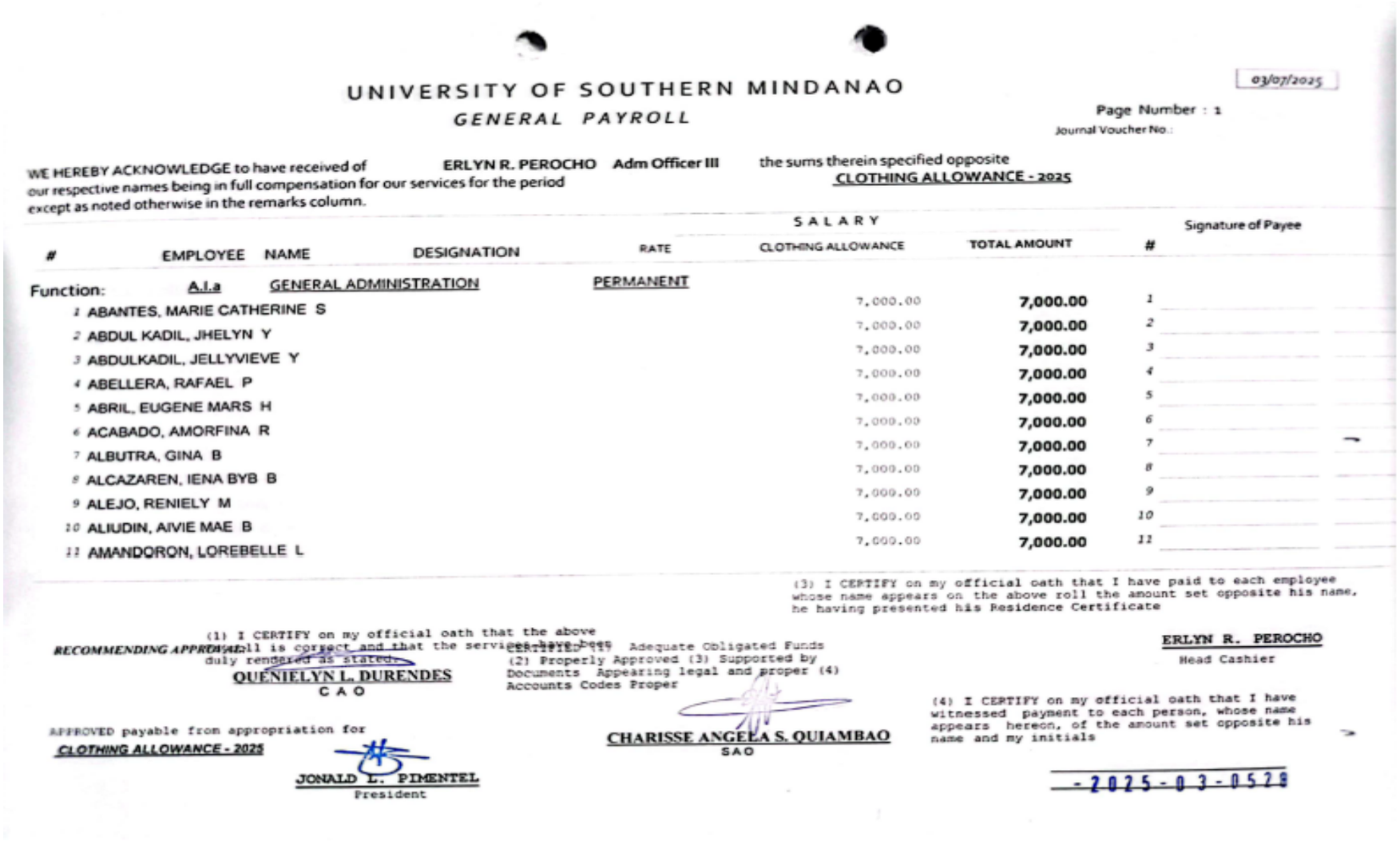
I certify to the correctness of the entries from columns 4 to 17 and that employees whose names appear on the above PSIPOP are the incumbents of the positions.

NERISSA G. DELA VIÑA
Human Resource Management Officer

APPROVED BY:

JONALD L. PIMENTEL
Head of Agency

. Evidence/s that fringe benefits and incentives are provided to the faculty.



UNIVERSITY OF SOUTHERN MINDANAO

GENERAL PAYROLL

03/07/2025

Page Number : 1

Journal Voucher No.:

WE HEREBY ACKNOWLEDGE to have received of **ERLYN R. PEROCHO** **Adm Officer III** the sums therein specified opposite our respective names being in full compensation for our services for the period **CLOTHING ALLOWANCE - 2025** except as noted otherwise in the remarks column.

#	EMPLOYEE NAME	DESIGNATION	RATE	SALARY: CLOTHING ALLOWANCE	TOTAL AMOUNT	#	Signature of Payee
Function:	A.I.a	GENERAL ADMINISTRATION	PERMANENT				
1	ABANTES, MARIE CATHERINE S			7,000.00	**7,000.00**	1	
2	ABDUL KADIL, JHELYN Y			7,000.00	**7,000.00**	2	
3	ABDULKADIL, JELLYVIEVE Y			7,000.00	**7,000.00**	3	
4	ABELLERA, RAFAEL P			7,000.00	**7,000.00**	4	
5	ABRIL, EUGENE MARS H			7,000.00	**7,000.00**	5	
6	ACABADO, AMORFINA R			7,000.00	**7,000.00**	6	
7	ALBUTRA, GINA B			7,000.00	**7,000.00**	7	
8	ALCAZAREN, IENA BYB B			7,000.00	**7,000.00**	8	
9	ALEJO, RENIELY M			7,000.00	**7,000.00**	9	
10	ALIUDIN, AIVIE MAE B			7,000.00	**7,000.00**	10	
11	AMANDORON, LOREBELLE L			7,000.00	**7,000.00**	11	

(3) I CERTIFY on my official oath that I have paid to each employee whose name appears on the above roll the amount set opposite his name, he having presented his Residence Certificate

ERLYN R. PEROCHO
Head Cashier

RECOMMENDING APPROVAL: (1) I CERTIFY on my official oath that the above roll is correct and that the services have been duly rendered as stated.

QUENIELYN L. DURENDES
CAO

Certified: (1) Adequate Obligated Funds (2) Properly Approved (3) Supported by Documents Appearing legal and proper (4) Accounts Codes Proper

CHARISSE ANGELA S. QUIAMBAO
SAO

APPROVED payable from appropriation for
CLOTHING ALLOWANCE - 2025

JONALD L. PIMENTEL
President

(4) I CERTIFY on my official oath that I have witnessed payment to each person, whose name appears hereon, of the amount set opposite his name and my initials

-2025-03-0528

UNIVERSITY OF SOUTHERN MINDANAO

GENERAL PAYROLL

03/07/2025

Page Number : 1

Journal Voucher No.:

WE HEREBY ACKNOWLEDGE to have received of **ERLYN R. PEROCHO** **Adm Officer III** the sums therein specified opposite our respective names being in full compensation for our services for the period **CLOTHING ALLOWANCE - 2025** except as noted otherwise in the remarks column.

#	EMPLOYEE NAME	DESIGNATION	RATE	SALARY: CLOTHING ALLOWANCE	SALARY: TOTAL AMOUNT	#	Signature of Payee
Function:	A.1.a GENERAL ADMINISTRATION		PERMANENT				
1	ABANTES, MARIE CATHERINE S			7,000.00	**7,000.00**	1	
2	ABDUL KADIL, JHELYN Y			7,000.00	**7,000.00**	2	
3	ABDULKADIL, JELLYVIEVE Y			7,000.00	**7,000.00**	3	
4	ABELLERA, RAFAEL P			7,000.00	**7,000.00**	4	
5	ABRIL, EUGENE MARS H			7,000.00	**7,000.00**	5	
6	ACABADO, AMORFINA R			7,000.00	**7,000.00**	6	
7	ALBUTRA, GINA B			7,000.00	**7,000.00**	7	
8	ALCAZAREN, IENA BYB B			7,000.00	**7,000.00**	8	
9	ALEJO, RENIELY M			7,000.00	**7,000.00**	9	
10	ALIUDIN, AIVIE MAE B			7,000.00	**7,000.00**	10	
11	AMANDORON, LOREBELLE L			7,000.00	**7,000.00**	11	

(1) I CERTIFY on my official oath that the above roll is correct and that the services have been duly rendered as stated.

RECOMMENDING APPROVAL:

QUENIELYN L. DURENDES
C A O

CERTIFIED (2) Adequate Obligated Funds (2) Properly Approved (3) Supported by Documents Appearing legal and proper (4) Accounts Codes Proper

CHARISSE ANGELA S. QUIAMBAO
SAO

APPROVED payable from appropriation for
CLOTHING ALLOWANCE - 2025

JONALD L. PIMENTEL
President

(3) I CERTIFY on my official oath that I have paid to each employee whose name appears on the above roll the amount set opposite his name, he having presented his Residence Certificate

ERLYN R. PEROCHO
Head Cashier

(4) I CERTIFY on my official oath that I have witnessed payment to each person, whose name appears hereon, of the amount set opposite his name and my initials

-2025-03-0529

UNIVERSITY OF SOUTHERN MINDANAO

GENERAL PAYROLL

Page Number : 1

Journal Voucher No.: 101-25-05-

WE HEREBY ACKNOWLEDGE to have received of **MYLIN C. PRADO** **Adm Officer V** the sums therein specified opposite our respective names being in full compensation for our services for the period **Mid Year Bonus 2025** except as noted otherwise in the remarks column.

#	EMPLOYEE NAME	DESIGNATION	SALARY Mid Year Bonus	Less: WITHTAX	TOTAL AMOUNT	#	Signature of Payee	Remarks
Function:	A.I.a	GENERAL ADMINISTRATION						
1	ABANTES, MARIE CATHERINE S		21,448.00		**21,448.00**	1		
2	ABDUL KADIL, JHELYN Y		19,239.00		**19,239.00**	2		
3	ABDULKADIL, JELLYVIEVE Y		15,852.00		**15,852.00**	3		
4	ABELLERA, RAFAEL P		45,796.00		**45,796.00**	4		
5	ABRIL, EUGENE MARS H		44,885.00		**44,885.00**	5		
6	ACABADO, AMORFINA R		19,098.00		**19,098.00**	6		
7	ALBUTRA, GINA B		14,061.00		**14,061.00**	7		
8	ALCAZAREN, IENA BYB B		18,957.00		**18,957.00**	8		
9	ALEJO, RINIELY M		30,597.00		**30,597.00**	9		
10	ALIUDIN, AIVIE MAE B		16,833.00		**16,833.00**	10		
11	AMANDORON, LOREBELLE L		21,448.00		**21,448.00**	11		
12	ANDUG, JOSEPH D		19,239.00		**19,239.00**	12		
13	ANTONIO, RHEA ANN P		37,024.00		**37,024.00**	13		
14	AQUINO, AMANDO G		15,852.00		**15,852.00**	14		

(1) I CERTIFY on my official oath that the above Payroll is correct and that the services have been duly rendered as stated.

RECOMMENDING APPROVAL:

JAY-R G. VILDAC
FMS Director

APPROVED payable from appropriation for
Mid Year Bonus 2025

JONALD L. PIMENTEL
President

-2025-05-0847

CERTIFIED (1) Adequate Obligated Funds (2) Properly Approved (3) Supported by Documents Appearing legal and proper (4) Accounts Codes Proper

CHARISSE ANGELA S. QUIAMBAO
SUO

(3) I CERTIFY on my official oath that I have paid to each employee whose name appears on the above roll the amount set opposite his name, he having presented his Residence Certificate

MYLIN C. PRADO
Chief Cashier

(4) I CERTIFY on my official oath that I have witnessed payment to each person, whose name appears hereon, of the amount set opposite his name and my initials



UNIVERSITY OF SOUTHERN MINDANAO

GENERAL PAYROLL

Page Number : 1

Journal Voucher No.: 101-25-05-

WE HEREBY ACKNOWLEDGE to have received of **MYLIN C. PRADO** **Adm Officer V** the sums therein specified opposite our respective names being in full compensation for our services for the period **Mid Year Bonus 2025** except as noted otherwise in the remarks column.

#	EMPLOYEE NAME	DESIGNATION	SALARY Mid Year Bonus	Less: WITHTAX	TOTAL AMOUNT	#	Signature of Payee	Remarks
Function:	A.I.a	GENERAL ADMINISTRATION						
1	ABANTES, MARIE CATHERINE S		21,448.00		**21,448.00**	1		
2	ABDUL KADIL, JHELYN Y		19,239.00		**19,239.00**	2		
3	ABDULKADIL, JELLYVIEVE Y		15,852.00		**15,852.00**	3		
4	ABELLERA, RAFAEL P		45,796.00		**45,796.00**	4		
5	ABRIL, EUGENE MARS H		44,885.00		**44,885.00**	5		
6	ACABADO, AMORFINA R		19,098.00		**19,098.00**	6		
7	ALBUTRA, GINA B		14,061.00		**14,061.00**	7		
8	ALCAZAREN, IENA BYB B		18,957.00		**18,957.00**	8		
9	ALEJO, RINIELY M		30,597.00		**30,597.00**	9		
10	ALIUDIN, AIVIE MAE B		16,833.00		**16,833.00**	10		
11	AMANDORON, LOREBELLE L		21,448.00		**21,448.00**	11		
12	ANDUG, JOSEPH D		19,239.00		**19,239.00**	12		
13	ANTONIO, RHEA ANN P		37,024.00		**37,024.00**	13		
14	AQUINO, AMANDO G		15,852.00		**15,852.00**	14		

(1) I CERTIFY on my official oath that the above Payroll is correct and that the services have been duly rendered as stated.

RECOMMENDING APPROVAL:

JAY-R G. VILLAC
FMS Director

APPROVED payable from appropriation for
Mid Year Bonus 2025

JONALD L. PIMENTEL
President

-2025-05-0847

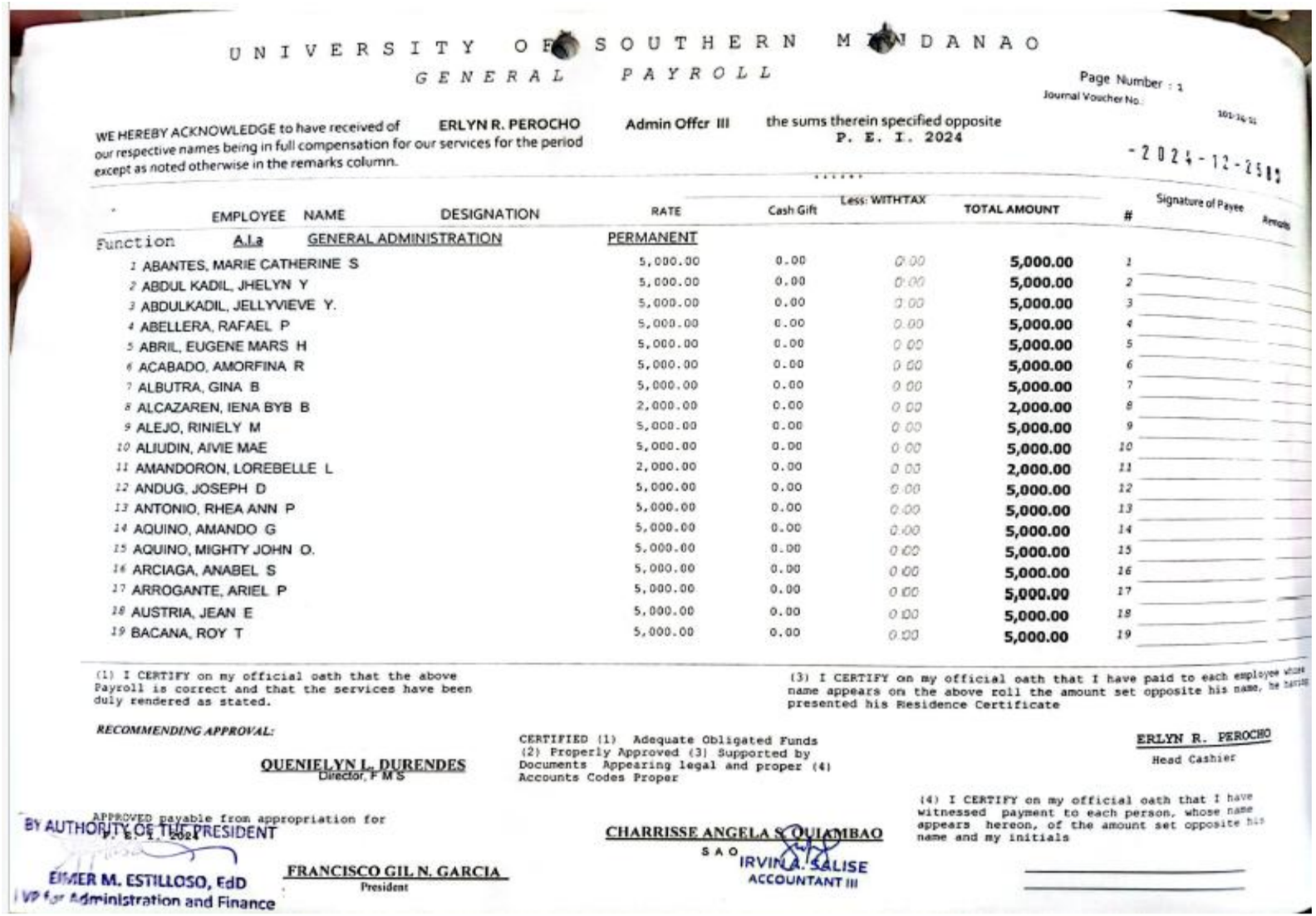
CERTIFIED (1) Adequate Obligated Funds (2) Properly Approved (3) Supported by Documents Appearing legal and proper (4) Accounts Codes Proper

CHARISSE ANGELA S. QUIAMBAO
SWO

(3) I CERTIFY on my official oath that I have paid to each employee whose name appears on the above roll the amount set opposite his name, he having presented his Residence Certificate

MYLIN C. PRADO
Chief Cashier

(4) I CERTIFY on my official oath that I have witnessed payment to each person, whose name appears hereon, of the amount set opposite his name and my initials



UNIVERSITY OF SOUTHERN MINDANAO

GENERAL PAYROLL

Page Number : 1

Journal Voucher No.: 101-24-11

WE HEREBY ACKNOWLEDGE to have received of ERLYN R. PEROCHO Admin Offcr III the sums therein specified opposite our respective names being in full compensation for our services for the period P. E. I. 2024 except as noted otherwise in the remarks column.

-2024-12-251

	EMPLOYEE NAME	DESIGNATION	RATE	Cash Gift	Less: WITHTAX	TOTAL AMOUNT	#	Signature of Payee	Remarks
Function	A.1.a	GENERAL ADMINISTRATION	PERMANENT						
1	ABANTES, MARIE CATHERINE S		5,000.00	0.00	0.00	5,000.00	1		
2	ABDUL KADIL, JHELYN Y		5,000.00	0.00	0.00	5,000.00	2		
3	ABDULKADIL, JELLYVIEVE Y.		5,000.00	0.00	0.00	5,000.00	3		
4	ABELLERA, RAFAEL P		5,000.00	0.00	0.00	5,000.00	4		
5	ABRIL, EUGENE MARS H		5,000.00	0.00	0.00	5,000.00	5		
6	ACABADO, AMORFINA R		5,000.00	0.00	0.00	5,000.00	6		
7	ALBUTRA, GINA B		5,000.00	0.00	0.00	5,000.00	7		
8	ALCAZAREN, IENA BYB B		2,000.00	0.00	0.00	2,000.00	8		
9	ALEJO, RINIELY M		5,000.00	0.00	0.00	5,000.00	9		
10	ALIUDIN, AIVIE MAE		5,000.00	0.00	0.00	5,000.00	10		
11	AMANDORON, LOREBELLE L		2,000.00	0.00	0.00	2,000.00	11		
12	ANDUG, JOSEPH D		5,000.00	0.00	0.00	5,000.00	12		
13	ANTONIO, RHEA ANN P		5,000.00	0.00	0.00	5,000.00	13		
14	AQUINO, AMANDO G		5,000.00	0.00	0.00	5,000.00	14		
15	AQUINO, MIGHTY JOHN O.		5,000.00	0.00	0.00	5,000.00	15		
16	ARCIAGA, ANABEL S		5,000.00	0.00	0.00	5,000.00	16		
17	ARROGANTE, ARIEL P		5,000.00	0.00	0.00	5,000.00	17		
18	AUSTRIA, JEAN E		5,000.00	0.00	0.00	5,000.00	18		
19	BACANA, ROY T		5,000.00	0.00	0.00	5,000.00	19		

(1) I CERTIFY on my official oath that the above Payroll is correct and that the services have been duly rendered as stated.

RECOMMENDING APPROVAL:

QUENIELYN L. DURENDES
Director, F M S

(3) I CERTIFY on my official oath that I have paid to each employee whose name appears on the above roll the amount set opposite his name, he having presented his Residence Certificate

ERLYN R. PEROCHO
Head Cashier

CERTIFIED (1) Adequate Obligated Funds (2) Properly Approved (3) Supported by Documents Appearing legal and proper (4) Accounts Codes Proper

CHARRISSE ANGELA S. QUIAMBAO
S A O

IRVIN A. SALISE
ACCOUNTANT III

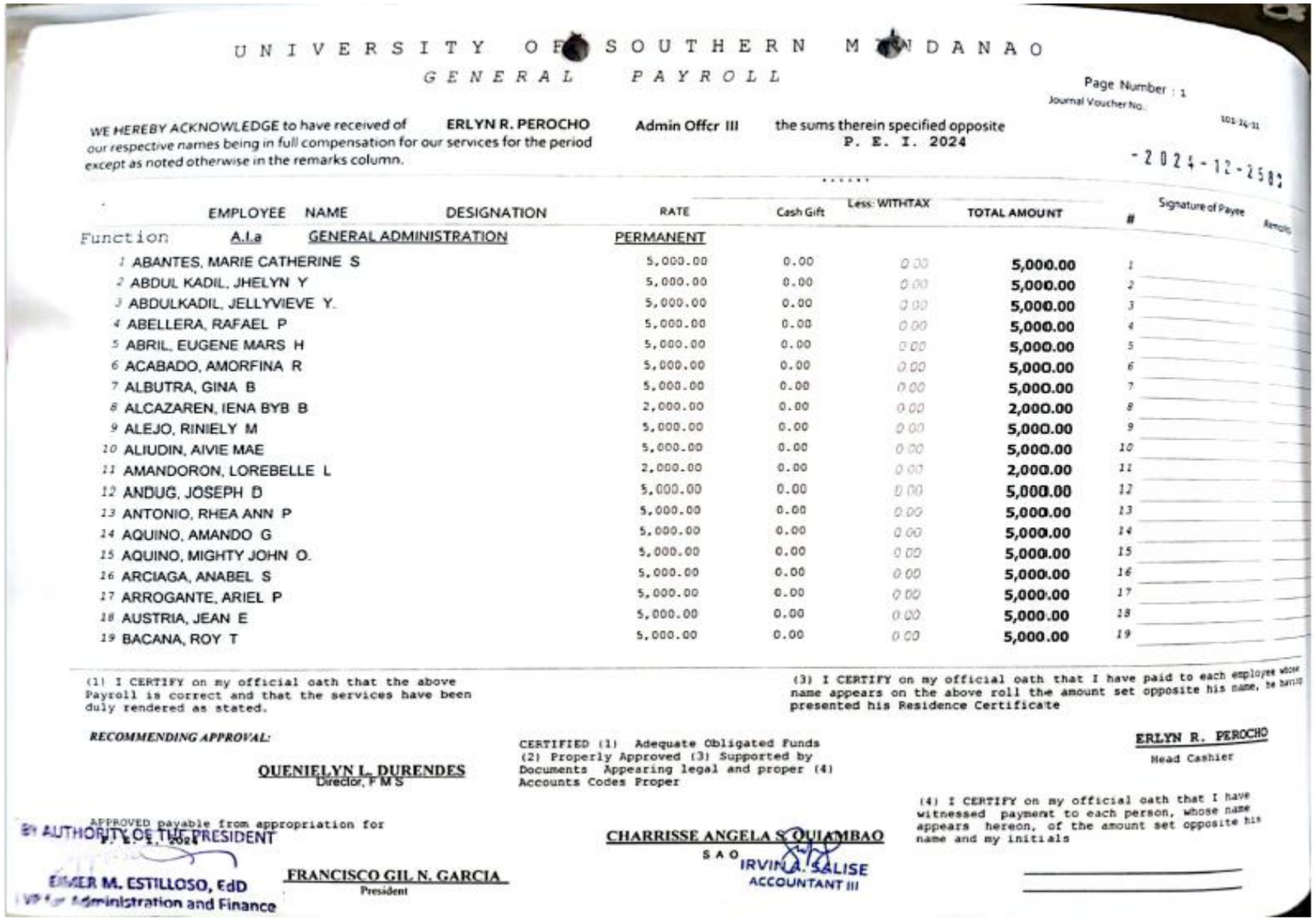
APPROVED payable from appropriation for P. E. I. 2024

BY AUTHORITY OF THE PRESIDENT

EMMER M. ESTILLOSO, EdD
VP for Administration and Finance

FRANCISCO GIL N. GARCIA
President

(4) I CERTIFY on my official oath that I have witnessed payment to each person, whose name appears hereon, of the amount set opposite his name and my initials



UNIVERSITY OF SOUTHERN MINDANAO

GENERAL PAYROLL

Page Number : 1

Journal Voucher No.

101-14-21

WE HEREBY ACKNOWLEDGE to have received of **ERLYN R. PEROCHO** **Admin Offcr III** the sums therein specified opposite our respective names being in full compensation for our services for the period **P. E. I. 2024** except as noted otherwise in the remarks column.

-2024-12-2503

EMPLOYEE NAME	DESIGNATION	RATE	Cash Gift	Less: WITHTAX	TOTAL AMOUNT	#	Signature of Payee	Remarks
Function A.1.a	GENERAL ADMINISTRATION	PERMANENT						
1 ABANTES, MARIE CATHERINE S		5,000.00	0.00	0.00	5,000.00	1		
2 ABDUL KADIL, JHELYN Y		5,000.00	0.00	0.00	5,000.00	2		
3 ABDULKADIL, JELLYVIEVE Y.		5,000.00	0.00	0.00	5,000.00	3		
4 ABELLERA, RAFAEL P		5,000.00	0.00	0.00	5,000.00	4		
5 ABRIL, EUGENE MARS H		5,000.00	0.00	0.00	5,000.00	5		
6 ACABADO, AMORFINA R		5,000.00	0.00	0.00	5,000.00	6		
7 ALBUTRA, GINA B		5,000.00	0.00	0.00	5,000.00	7		
8 ALCAZAREN, IENA BYB B		2,000.00	0.00	0.00	2,000.00	8		
9 ALEJO, RINIELY M		5,000.00	0.00	0.00	5,000.00	9		
10 ALIUDIN, AIVIE MAE		5,000.00	0.00	0.00	5,000.00	10		
11 AMANDORON, LOREBELLE L		2,000.00	0.00	0.00	2,000.00	11		
12 ANDUG, JOSEPH D		5,000.00	0.00	0.00	5,000.00	12		
13 ANTONIO, RHEA ANN P		5,000.00	0.00	0.00	5,000.00	13		
14 AQUINO, AMANDO G		5,000.00	0.00	0.00	5,000.00	14		
15 AQUINO, MIGHTY JOHN O.		5,000.00	0.00	0.00	5,000.00	15		
16 ARCIAGA, ANABEL S		5,000.00	0.00	0.00	5,000.00	16		
17 ARROGANTE, ARIEL P		5,000.00	0.00	0.00	5,000.00	17		
18 AUSTRIA, JEAN E		5,000.00	0.00	0.00	5,000.00	18		
19 BACANA, ROY T		5,000.00	0.00	0.00	5,000.00	19		

(1) I CERTIFY on my official oath that the above Payroll is correct and that the services have been duly rendered as stated.

(3) I CERTIFY on my official oath that I have paid to each employee whose name appears on the above roll the amount set opposite his name, he having presented his Residence Certificate

ERLYN R. PEROCHO
Head Cashier

RECOMMENDING APPROVAL:

QUENIELYN L. DURENDES
Director, FMS

CERTIFIED (1) Adequate Obligated Funds (2) Properly Approved (3) Supported by Documents Appearing legal and proper (4) Accounts Codes Proper

CHARRISSE ANGELA S. QUIAMBAO
SAO
IRVIN A. SALISE
ACCOUNTANT III

(4) I CERTIFY on my official oath that I have witnessed payment to each person, whose name appears hereon, of the amount set opposite his name and my initials

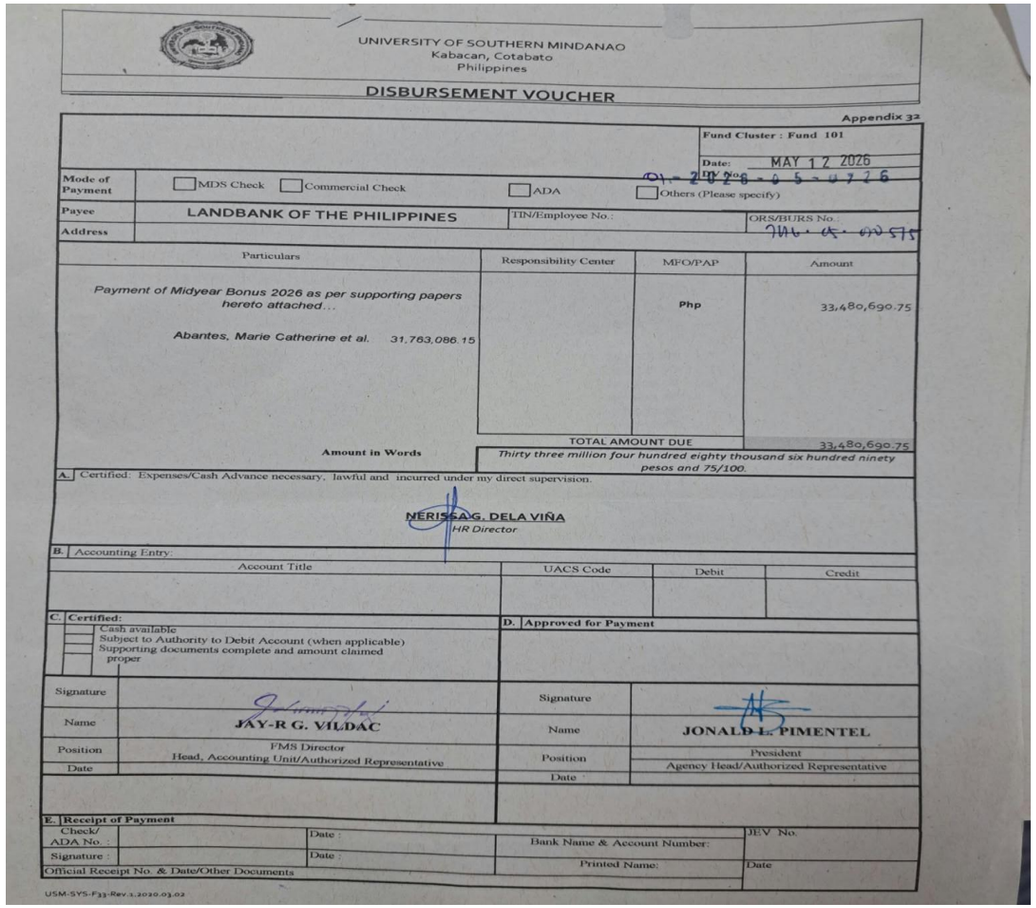
APPROVED payable from appropriation for P. E. I. 2024

BY AUTHORITY OF THE PRESIDENT

EMER M. ESTILLOSO, EdD
VP for Administration and Finance

FRANCISCO GIL N. GARCIA
President

Voucher Midyear 2026



UNIVERSITY OF SOUTHERN MINDANAO
Kabacan, Cotabato
Philippines

DISBURSEMENT VOUCHER

Appendix 32

Fund Cluster : Fund 101

Date: MAY 17 2026

Mode of Payment: ☐ MDS Check ☐ Commercial Check ☐ ADA ☐ Others (Please specify)

Payee: LANDBANK OF THE PHILIPPINES | TIN/Employee No.: | ORS/BURS No.:

Address:

Particulars	Responsibility Center	MFO/PAP	Amount
Payment of Midyear Bonus 2026 as per supporting papers hereto attached...		Php	33,480,690.75
Abantes, Marie Catherine et al. 31,763,086.15			
		TOTAL AMOUNT DUE	33,480,690.75

Amount in Words: *Thirty three million four hundred eighty thousand six hundred ninety pesos and 75/100.*

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

NERISSA G. DELA VIÑA
HR Director

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	
Name	**JAY-R G. VILDAC**	Name	**JONALD L. PIMENTEL**
Position	FMS Director Head, Accounting Unit/Authorized Representative	Position	President 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				

USM-SYS-F33-Rev.1.2020.03.02

Voucher for Midyear Bonus 2026

UNIVERSITY OF SOUTHERN MINDANAO
Kabacan, Cotabato
Philippines

DISBURSEMENT VOUCHER

Appendix 32

Fund Cluster : Fund 101

Date: MAY 12 2026

DV No. 01-2026-05-0726

Mode of Payment: ☐ MDS Check ☐ Commercial Check ☐ ADA ☐ Others (Please specify)

Payee: LANDBANK OF THE PHILIPPINES | TIN/Employee No.: | ORS/BURS No.: 726-05-0575

Address:

Particulars	Responsibility Center	MFO/PAP	Amount
Payment of Midyear Bonus 2026 as per supporting papers hereto attached...		Php	33,480,690.75
Abantes, Marie Catherine et al. 31,763,086.15			
		TOTAL AMOUNT DUE	33,480,690.75

Amount in Words: *Thirty three million four hundred eighty thousand six hundred ninety pesos and 75/100.*

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

NERISSA G. DELA VIÑA
HR Director

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	
Name	JAY-R G. VILDAC	Name	JONALD L. PIMENTEL
Position	FMS Director Head, Accounting Unit/Authorized Representative	Position	President 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				

USM-SYS-F33-Rev.1.2020.03.02