


**QUARTERLY REPORT OF REVENUE AND OTHER RECEIPTS**  
As of the Quarter Ending September 2014  
(In Thousand Pesos)

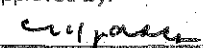
Department : State Universities & Colleges  
Agency : SOUTHERN LUZON STATE UNIVERSITY  
Operating Unit : \_\_\_\_\_  
Organization Code (UACS) : 08-041-00-00000

CLASSIFICATION / SOURCES OF REVENUE AND OTHER RECEIPTS	UACS Code	REVENUE TARGET (Annual)	ACTUAL REVENUE AND OTHER RECEIPTS COLLECTIONS					CUMULATIVE REMITTANCE /DEPOSITS TO DATE			VARIATION Amount
			1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	TOTAL	Remittance to BTr	Deposited with AGDB	Total	
1	2	3	4	5	6	7	8=(4+5+6+7)	9	10	11=(9+10)	12=(8-3)
<b>A. General Fund (formerly Fund 101)</b>											
- Tax											
Documentary Stamp Tax	40104010 00										
- Non-Tax											
Permit Fees Import	40201010 01										
- Subsidy from National Government	4-03-01-010	236,821	45,187	50,446	74,980		170,613				(66,208)
<b>B. Special Account in the General Fund (formerly Fund 105, 183, 401, 161-159)</b>											
- Tax											
- Non-Tax											
<b>C. Off-Budget Accounts (formerly Fund 161 to 164, etc.)</b>											
Fines & Penalties - Service Income	4-02-01-140	133,172	18	87	2		107				(27,412)
Other Service Income	4-02-01-990		12,453	361	(76)		12,738				
School Fees	4-02-02-010		7,160	75,065	6,485		88,710				
Affiliation Fees	4-02-02-020		910	3,293	2		4,205				
Char/Training Fees	4-02-02-040	4,852	1,196	-	719		1,915				(2,937)
Lease Income	4-02-02-050	73,644	1,270	1,135	1,093		3,498				(65,496)
Interest Income	4-02-02-210		210	220	231		661				
Fines and Penalties - Business Income	4-02-02-230			123	19		142				
Other Business Income	4-02-02-990			10,209	5,547		15,756				
Assistance from Local Government Units	4-03-01-030		450	3,014	525		3,989				
Gain on Foreign Exchange (FOREX)	4-05-01-010			316	4		320				
<b>D. Custodial Funds (formerly Fund 101-184, 187)</b>											
<b>TOTAL</b>			<b>68,854</b>	<b>144,269</b>	<b>89,531</b>		<b>302,654</b>				

Certified Correct:

  
ERWIN D. VILLAVARDE  
Chief Accountant  
Date: \_\_\_\_\_

Approved By:

  
DR. CECILIA N. GASCON  
Agency Head/Department S  
Date: \_\_\_\_\_