

**MODIFIED FORM A - PERFORMANCE REPORT FOR STATE UNIVERSITIES AND COLLEGES (SUCs)**

I. BUDGET UTILIZATION RATE FORM FOR STATE UNIVERSITIES AND COLLEGES INCLUDING EARMARKED INCOMES

(In Thousand Pesos)

NAME OF SUC:														
NATURE OF RECEIPTS	FUNDING SOURCE CODE	SOURCE OF REVENUE	LEGAL BASIS	NATURE OF EXPENDITURES	AMOUNT IN P'000								2019 Budget Utilization Rate	2020 Budget Utilization Rate
					2019 ACTUAL				2020 PROGRAM					
					Cash Balance as of Dec. 31, 2018	Receipt	Total Receipts as of Dec. 31, 2019	Expenditure	Cash Balance as of Dec. 31, 2019	Receipt	Total Receipts as of Dec. 31, 2020	Expenditure		
<b>I. Off-Budgetary Funds</b>														
<b>1. Revolving Fund</b>														
<b>2. Retained Income/Receipts</b>														
<b>II. Custodial Funds</b>														
<b>1. Trust Receipts</b>														
<b>2. Others</b>														
<b>PREPARED BY:</b>				<b>APPROVED BY:</b>					<b>DATE:</b>					
_____				_____					_____					
CHIEF ACCOUNTANT				SUC President					DAY/MO/YR					

**Cash Balance as of Dec. 31, 2019 shall be equivalent to the Cash Balance as of December 31, 2018 plus 2019 Actual Receipt minus 2019 Actual Expenditure. The Budget Utilization Rate shall be computed as the ratio of expenditures to the beginning cash balance for the year plus receipt.**

**MODIFIED FORM A - FOR STATE UNIVERSITIES AND COLLEGES  
BUREAU/OFFICE PERFORMANCE REPORT**

NAME OF SUC: \_\_\_\_\_

<b>FY 2020 PREXC Performance Indicators</b> (1)	<b>FY 2020 Target</b> (2)	<b>FY 2020 Actual Accomplishment</b> (3)	<b>Accomplishment Rate</b> (4)	<b>Remarks</b> (5)
<b>I. Higher Education Program</b>				
Output 1				
Output 2				
Outcome 1				
Outcome 2				
<b>II. Advance Higher Education Program</b>				
Output 1				
Output 2				
Outcome				
<b>III. Research Program</b>				
Output 1				
Output 2				
Outcome				
<b>IV. Extension Program</b>				
Output 1				
Output 2				
Output 3				
Outcome				

**MODIFIED FORM A - FOR STATE UNIVERSITIES AND COLLEGES  
BUREAUS/OFFICE PERFORMANCE REPORT**

NAME OF SUC: \_\_\_\_\_

FY 2020 PREXC Performance Indicators (1)	FY 2020 Target (2)	FY 2020 Actual Accomplishment (3)	Accomplishment Rate (4)	Remarks (5)
V. Custodial Care Program				
Output 1				
Output 2				
Outcome				
VI. Hospital Care Program				
Output 1				
Output 2				

*\* SUCs may add rows as needed*

Prepared By:

\_\_\_\_\_

Planning Officer

\_\_\_\_\_

Date

Reviewed and Endorsed for Approval:

\_\_\_\_\_

Vice President

\_\_\_\_\_

Date

\_\_\_\_\_

Budget Officer

\_\_\_\_\_

Date

Approved By:

\_\_\_\_\_

President

\_\_\_\_\_

Date

**MODIFIED FORM A - 1 FOR STATE UNIVERSITIES AND COLLEGES  
BUREAUS/OFFICE PERFORMANCE REPORT**

**NAME OF SUC:** \_\_\_\_\_

PREXC Performance Indicators (1)	Responsible Bureaus / Delivery Units (2)	FY 2020 Target (3)	FY 2020 Accomplishment (4)	Remarks (5)
<b>I. Higher Education Program</b>				
Output 1	Delivery Unit 1			
	Delivery Unit 2			
	Delivery Unit n			
Output 2	Delivery Unit 1			
	Delivery Unit 2			
	Delivery Unit n			
Outcome 1	Delivery Unit 1			
	Delivery Unit 2			
	Delivery Unit n			
Outcome 2	Delivery Unit 1			
	Delivery Unit 2			
	Delivery Unit n			
<b>II. Advance Higher Education Program</b>				
Output 1	Delivery Unit n			
Output 2	Delivery Unit n			
Outcome	Delivery Unit n			
<b>III. Research Program</b>				
Output 1	Delivery Unit n			
Output 2	Delivery Unit n			
Outcome	Delivery Unit n			
<b>IV. Extension Program</b>				
Output 1	Delivery Unit n			
Output 2	Delivery Unit n			
Output 3	Delivery Unit n			
Outcome	Delivery Unit n			

**MODIFIED FORM A - 1 FOR STATE UNIVERSITIES AND COLLEGES  
BUREAUS/OFFICE PERFORMANCE REPORT**

**NAME OF SUC:** \_\_\_\_\_

PREXC Performance Indicators (1)	Responsible Bureaus / Delivery Units (2)	FY 2020 Target (3)	FY 2020 Accomplishment (4)	Remarks (5)
V. Custodial Care Program				
Output 1	Delivery Unit n			
Output 2	Delivery Unit n			
Outcome	Delivery Unit n			
VI. Hospital Care Program				
Output 1	Delivery Unit n			
Output 2	Delivery Unit n			

*\* SUCs may add rows as needed*

Prepared By:

\_\_\_\_\_

Planning Officer

\_\_\_\_\_

Date

Reviewed and Endorsed for Approval:

\_\_\_\_\_

Vice President

\_\_\_\_\_

Date

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Budget Officer

\_\_\_\_\_

Date

Approved By:

\_\_\_\_\_

President

\_\_\_\_\_

Date