Payee VSU Gasoline Station Visca, Baybay City, Leyte  Particulars Responsibility Center MFO/PAP Amount 60 liters used to Refuel vehicle for Field Trip to Babatngon Leyte  Amount Due 4,140.00  A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.  DIONESIO M. BAÑOC Department head, DA  3. Accounting Entry: Account Title UACS Code Debit Credit  Certified: D. Approved Approved for  Signature  Signature Finited Name NICK FREDDY R. BELLO Printed Name PROSE IVY G. YEPES Head, Accounting Unit/Authorized Representative Date Receipt of Payment  Check/ DA No.: Bank Name & Account Number:  Bignature: Date: Bank Name & Account Number:  Signature: Date: Printed Name:	Entity Name  DISBURSEMENT VOUCHER							Fund Cluster	
Payee VSU Gasoline Station TIN/Employee No.: ORS/BURS  Visca, Baybay City, Leyte  Particulars Responsibility Center MFO/PAP Amount 60 liters used to Refuel vehicle for Field Trip to Babatngon Leyte  Amount Due 4,140.00  A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.  DIONESIO M. BAÑOC Department head, DA  3. Accounting Entry:  Account Title UACS Code Debit Credit  Supporting documents complete and amount claimed  Signature Signature Position Head, Accounting Office Head, Accounting Office Head, Accounting Unit/Authorized Representative Date  Position Receipt of Payment  Check/ DANO.: Date: Bank Name & Account Number:  Bank Name & Account Name:								2505000000	
Address  Particulars  Particulars  Responsibility Center  MFO/PAP Amount 60 liters used to Refuel vehicle for Field Trip to Babatngon Leyte  Amount Due  4,140.00  Amount Due  4,140.00  Accounting Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.  DIONESIO M. BAÑOC Department head, DA  Accounting Entry:  Account Title  UACS Code  Debit  Credit  Credit  Supporting documents complete and amount claimed  Signature  Finted Name  NICK FREDDY R. BELLO Head, Accounting Office  Head, Accounting Unit/Authorized Representative  Date  Receipt of Payment  Check/ DA No.:  Date:  Bank Name & Account Number:  Printed Name:  Printed Name:		Mode of MDS Check Commercial Check				ADA Others (Please specify			
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Certified:   D. Approved   Approved for	. 12				*****				
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Signature Signature NICK FREDDY R. BELLO Position Head, Accounting Office Head, Accounting Unit/Authorized Representative Date  Receipt of Payment  Check/ DA No.: Date: Bank Name & Account Number: Signature  PROSE IVY G. YEPES PRESIDENT Agency Head/Authorized Representative  Date  Page Bank Name & Account Number: Signature  Date: Printed Name:	· C	Certified:			D. Approved Approved for				
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Vision: Mission: