



DISBURSEMENT VOUCHER

DV No.:

Mode of Payment	<input type="checkbox"/> MDS check	<input type="checkbox"/> Commercial Check	<input type="checkbox"/> ADA	<input type="checkbox"/> Others (Specify)
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PAYEE	NOEL C. BUSTILLO	TIN/Employee No.:	ORS/BUR No.:
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Address	COLLEGE OF VETERINARY MEDICINE, Visayas State University, Visca, Baybay City, Leyte
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PARTICULARS	Responsibility Center	MFO/PAP	Amount
TO PAYMENT OF HONORARIUM as Project Staff Level-2 of the VSU-DOST-PCAARRD Research Project entitled: <i>Optimizing Boar Semen Cryopreservation Towards Effective Industry Utilization and Genetic Conservation</i> for the month of November and December 2021 as per supporting documents hereto attached in the amount of			12,000.00
		Total	12,000.00

A	Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision <div style="text-align: center;"> SANTIAGO T. PEÑA, JR. <i>Project Leader/College Dean</i> </div>
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B	Accounting Entry			
Account Title		UACS Code	Debit	Credit

C	Certified:	D	Approved for Payment
<input type="checkbox"/> Cash Available <input type="checkbox"/> Subject to Authority to Debit Account (when Approved) <input type="checkbox"/> Supporting documents complete and amount claimed proper			

Signature: Printed Name: Position: Date:	NICK FREEDY R. BELLO OIC Head, Accounting Office Representative	Signature Printed Name Position Date:	EDGARDO E. TULIN President Agency Head/Authorized Representative
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E	Receipt of Payment	JEV No.
Check/ADA No.:	Date:	Bank Name & Account Number:
Signature: NOEL C. BUSTILLO	Date:	
Official Receipt N. and Date/Other Documents		