

 VISAYAS STATE UNIVERSITY Entity Name DISBURSEMENT VOUCHER		Fund Cluster : (01) RAF Date: 12/9/2021 DV No. :	
Mode of Payment	<input type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify)		
Payee	EDENT ENTERPRISES		TIN/Employee No.: 104-756-683-000
Address	A. Luna Street, Baybay, Leyte		ORS/BURS No.: MOOE 02-101101- 2021-08-04251
Particulars		Responsibility Center	Amount
FULL payment for the purchase of supplies/materials per Invoice # <u>151504</u> dated <u>11/2/2021</u> with all the required supporting paper hereto attached in the total amount of <div style="text-align: right; margin-top: 10px;"> Less: 1% GMP: 71.38 5% EWT: 356.92 Net Sales 7,138.39 Add: 12% VAT 856.61 7,995.00 </div>		UCC	7,995.00 428.30 7,566.70
P.O # : PO-GF-MOOE-2021-08-0385 PR # : GF-2020-10-00119 ITEM : CONSTRUCTION MATERIALS <div style="text-align: right; margin-top: 10px;">Amount Due</div>		<div style="text-align: center; color: red; font-weight: bold;">Warranty Security</div> <div style="text-align: center; color: red; font-weight: bold;">LD</div>	<div style="background-color: yellow; text-align: center; font-weight: bold;">7,566.70</div> <div style="text-align: center; font-weight: bold;">-</div>
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. <div style="text-align: center; margin-top: 20px;"> JESSAMINE C. ECLEO Printed Name, Designation and Signature of Supervisor </div>			
B. Accounting Entry:			
Account Title		UACS Code	Debit
C. Certified: <input type="checkbox"/> Cash available <input type="checkbox"/> Subject to Authority to Debit Account (when applicable) <input type="checkbox"/> Supporting documents complete and amount claimed proper		D. Approved for Payment	
Signature		Signature	
Signature Printed Name Position	NICK FREDDY R. BELLO OIC Head, Accounting Unit	Signature Printed Name	EDGARDO E. TULIN President
Date		Date	
E. Receipt of Payment			JEV No.
Check/ ADA No. :		Date :	Bank Name & Account Number:
Signature :	EDENT ENTERPRISES	Date :	Printed Name:
Official Receipt No. & Date/Other Documents			Date