	VISAYAS STATE UNIVER	GITY		Fund Cluster:	
DISBURSEMENT VOUCHER			DV No. :		
Mode of Payment	MDS Check Commercial Check	ADA[	Others (Plea	se specify)	
Payee	GIAN CARLO CAMACHO	TIN/Employee N	No.:	ORS/BURS No.:	
Address	DOST-PCAARRD, LOS BAÑOS, LAGUNA	WIEN T			
	Particulars	Responsibility Center	MFO/PAP	Amount	
Workshop o lecture, and lecture, PhF	op/Critiquing (1.43 hours) 1,204.00	20201050-1.97	Wittan To	2,473.80	
HUNDER	TOTAL Expenses/Cash Advance necessary, lawful and incu	7 (2030)24	SECTION ASSOCIATION	2,473.80	
3. Accounti		V. SERIÑO f funds	or Pas projet	ng. The late tags	
3. Account	Sal Dat complete inflations with a line		Debit	Credit	
C. Certified	Account Title	f funds		Credit	
C. Certified Cas Sub	ing Entry: Account Title	f funds  UACS Code		Credit	
C. Certified Cas Sub	Account Title  Account Title  Sh available  spect to Authority to Debit Account (when applicable)  sporting documents complete and amount claimed	f funds  UACS Code		Credit	
C. Certified Cas Sub	Account Title  Account Title  Sh available  spect to Authority to Debit Account (when applicable)  sporting documents complete and amount claimed	UACS Code  D. Approved fo	r Payment	Credit  RDO E. TULIN	
C. Certified Cas Sub Sup pr Signature Printed	Account Title  : Sh available spect to Authority to Debit Account (when applicable) sporting documents complete and amount claimed oper	UACS Code  D. Approved fo	r Payment  EDGAF	Davidh Aruss es	
C. Certified Cas Sub Sup pr Signature Printed Name	Account Title  Sh available  spect to Authority to Debit Account (when applicable)  sporting documents complete and amount claimed spect	UACS Code  D. Approved fo  Signature  Printed Name	r Payment  EDGAF	RDO E. TULIN	
C. Certified Cas Sub Sup pr Signature Printed Name Position Date Receipt of	Account Title  Sh available  Sporting documents complete and amount claimed oper  NICK FREDDY R. BELLO  Head, Accounting Unit/Authorized Representative	UACS Code  D. Approved fo  Signature  Printed Name  Position  Date	EDGAF Univer	RDO E. TULIN	
C. Certified Cas Sub Sup pr Signature Printed Name Position Date Receipt of Check/	Account Title  Sh available  Specific to Authority to Debit Account (when applicable)  Sporting documents complete and amount claimed soper  NICK FREDDY R. BELLO  Head, Accounting Unit/Authorized Representative	UACS Code  D. Approved fo  Signature  Printed Name  Position	EDGAF Univer	RDO E. TULIN	
C. Certified Cas Sub Sup pr Signature Printed Name Position Date Receipt of	Account Title  Sh available  Sporting documents complete and amount claimed oper  NICK FREDDY R. BELLO  Head, Accounting Unit/Authorized Representative	UACS Code  D. Approved fo  Signature  Printed Name  Position  Date	EDGAF Univer	RDO E. TULIN	