

[illegible]

# REQUISITION AND ISSUE SLIP

VISAYAS STATE UNIVERSITY

Agency

Division Visayas State University  
Office ISRDS

Responsibility Center Code:  
ISRDS

RIS No. \_\_\_\_\_


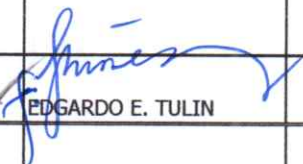
SAI No. \_\_\_\_\_

## REQUISITION

## ISSUANCE

Stock No.	Unit	Description	Quantity	Unit cost	Total cost
	ltrs	Gasoline	20	74.00	1,480.00
		X-X-X-X-			
<p>CERTIFIED AS TO AVAILABILITY OF APPROPRIATION IN THE AMOUNT OF <u>P1480.00</u> WITHIN 45 DAYS.</p> <p><b>ALICIA M. FLORES</b> Head, Budget Office</p> <p>Charge to: COLLABDev</p>					

Purpose: For official travel to Inopacan, Leyte.

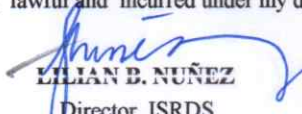
	Requested by:	Approved by:	Issued by:	Received by:
Signature				
Printed Name	ERNESTO A. GONZAGA, JR.	EDGARDO E. TULIN		
Designation	Admin. Aide 6	President		

<b>VISAYAS STATE UNIVERSITY</b> <b>Entity Name</b>		<b>Fund Cluster :</b> 304000000	
<b>DISBURSEMENT VOUCHER</b>		<b>Date : March 22, 2023</b> <b>DV No. :</b>	

<b>Mode of Payment</b>	<input type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify)		
<b>Payee</b>	VSU Fuel Station	<b>TIN/Employee No.:</b>	<b>ORS/BURS No.:</b>
<b>Address</b>	VSU, Baybay City, Leyte		

Particulars	Responsibility Center	MFO/PAP	Amount
To. PAYMENT thru fund transfer for the purchase of fuel for vehicle use during official travel as per supporting papers hereto attached in the amount.....	COLLABDev	<del>1480</del>	1,480.00
<b>Amount Due</b>			1,480.00

**A.** Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.

  
**LILIAN B. NUÑEZ**  
 Director, ISRDS

<b>B. Accounting Entry:</b>			
Account Title	UACS Code	Debit	Credit

<b>C. Certified:</b> <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	<b>D. Approved for Payment</b>
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<b>Signature</b>		<b>Signature</b>	
<b>Printed Name</b>	NICK FREDDY R. BELLO	<b>Printed Name</b>	EDGARDO E. TULIN
<b>Position</b>	Accountant II Head, Accounting Unit/Authorized Representative	<b>Position</b>	President Agency Head/Authorized Representative
<b>Date</b>		<b>Date</b>	

<b>E. Receipt of Payment</b>			<b>JEV No.</b>
Check/ADA No. :	Date :	Bank Name & Account Number:	
Signature :	Date :	Printed Name:	
Official Receipt No. & Date/Other Documents			Date