

 VISAYAS STATE UNIVERSITY Entity Name DISBURSEMENT VOUCHER		Fund Cluster : (01) RAF Date: 12/14/2021 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 UNI-REAL TRADING CORPORATION Address Real St., Ormoc City, Western Leyte		TIN/Employee No.: 004-305-254-000 ORS/BURS No.: MOOE 02-101101-2021-11-05734	
Particulars FULL payment for the purchase of supplies/materials per Invoice # <u>206213</u> dated <u>11/26/2021</u> with all the required supporting paper hereto attached in the total amount of <div style="text-align: right;"> Less: 1% GMP: 92.14 5% EWT: 460.71 Net Sales 9,214.29 Add: 12% VAT 1,105.71 <u>10,320.00</u> </div> P.O # : GF-2021-11-0481 PR # : GF-2021-08-00574 RC ITEM : CONSTRUCTION MATERIALS <div style="text-align: right;">Amount Due</div>		Responsibility Center PRCRTC MFO/PAP 301000000 <div style="text-align: center; color: red; font-weight: bold;">Warranty Security</div> <div style="text-align: center; background-color: #f08080; font-weight: bold;">LD</div>	
		Amount 10,320.00 552.85 9,767.15 <div style="background-color: yellow; height: 15px; width: 100%;"></div> - 9,767.15	
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. <div style="text-align: center;"> JESSAMINE C. ECLEO Head, Office of the Head for Procurement </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 :	UNI-REAL TRADING CORPORATION	Date :	Printed Name:
Official Receipt No. & Date/Other Documents			Date