

		<b>VISAYAS STATE UNIVERSITY</b> Entity Name			Fund Cluster : <b>(01) RAF</b>		
		<b>DISBURSEMENT VOUCHER</b>			Date: 12/9/2021		
					DV No. :		
<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> <b>Address</b>		<b>HYW I.T. DISTRIBUTOR</b> <b>Ang Atillo Bldg., Plaridel Ext., Sto. Nino, Cebu City</b>		<b>TIN/Employee No.:</b> <b>710-973-835-000</b>		<b>ORS/BURS No.:</b> CO 06-102406- 2021-04-01623	
<b>Particulars</b>				<b>Responsibility Center</b>		<b>MFO/PAP</b>	
<b>Amount</b>							
REFUND payment for the warranty security per the required supporting paper hereto attached in the total amount of .....						12,358.89	
PO # : 2FB-21-17-005 (CO) ITEM : REFUND OF WARRANTY SECURITY						-	
<b>Amount Due</b>						<b>12,358.89</b>	
<b>A.</b> Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.							
<b>JESSAMINE C. ECLEO</b> Printed Name, Designation and Signature of Supervisor							
<b>B.</b> Accounting Entry:							
Account Title				UACS Code		Debit	
<b>C. Certified:</b>				<b>D. Approved for Payment</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							
Signature Printed Name Position		NICK FREDDY R. BELLO OIC Head, Accounting Unit		Signature Printed Name		EDGARDO E. TULIN President	
Date				Date			
<b>E. Receipt of Payment</b>						JEV No.	
Check/ ADA No. :		Date :		Bank Name & Account Number:			
Signature :		Date :		Printed Name:		Date	
HYW I.T. DISTRIBUTOR							
Official Receipt No. & Date/Other Documents							