

Republic of the Philippines VISAYAS STATE UNIVERSITY Visca, Baybay City, Leyte DISBURSEMENT VOUCHER		Fund Cluster : Date: April 4, 2022 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 EDUARDO O. MANGAOANG	TIN/Employee No.:	ORS/BURS No.:									
Address DFS-CFES, VSU, Visca, Baybay, Leyte											
Particulars TO PAYMENT OF HONORARIUM as Project Staff Level 2 of research entitled Enhancing Livelihoods through Forest Landscape Restoration (ASEM/2016/103) for the months of April 1- December 31, 2021, January 1- March 31, 2022 as per supporting documents in the total amount of... Honorarium ₱ 60,000.00 Less: 10% 6,000.00 Amount Due ₱ 54,000.00	Responsibility Center PCAARRD	MFO/PAP 101 T - 20201050 - 1.92	Amount ₱54,000.00 ₱54,000.00								
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. <div style="text-align: center;"> ARTURO E. PASA Project Leader </div>											
B. Accounting Entry: <table border="1" style="width: 100%;"> <thead> <tr> <th>Account Title</th> <th>UACS Code</th> <th>Debit</th> <th>Credit</th> </tr> </thead> <tbody> <tr> <td>Honorarium</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Account Title	UACS Code	Debit	Credit	Honorarium			
Account Title	UACS Code	Debit	Credit								
Honorarium											
C. Certified: <input type="checkbox"/> Cash available <input type="checkbox"/> Subject to Authority to Debit Account (when applicable) <input type="checkbox"/> Sup Supporting documents complete and amount claimed		D. Approved for Payment <table border="1" style="width: 100%;"> <tr> <td>Signature</td> <td>Signature</td> </tr> <tr> <td>Printed Name NICK FREDDY R. BELLO Head, Accounting Unit/Authorized Representative</td> <td>Printed Name EDGARDO E. TULIN Agency Head/Authorized Representative</td> </tr> <tr> <td>Date</td> <td>Date</td> </tr> </table>		Signature	Signature	Printed Name NICK FREDDY R. BELLO Head, Accounting Unit/Authorized Representative	Printed Name EDGARDO E. TULIN Agency Head/Authorized Representative	Date	Date		
Signature	Signature										
Printed Name NICK FREDDY R. BELLO Head, Accounting Unit/Authorized Representative	Printed Name EDGARDO E. TULIN Agency Head/Authorized Representative										
Date	Date										
E. Receipt of Payment <table border="1" style="width: 100%;"> <tr> <td>Check/ ADA No. :</td> <td>Date :</td> <td>Bank Name & Account Number:</td> </tr> <tr> <td>Signature :</td> <td>Date :</td> <td>EDUARDO O. MANGAOANG</td> </tr> </table>			Check/ ADA No. :	Date :	Bank Name & Account Number:	Signature :	Date :	EDUARDO O. MANGAOANG	JEV No. Date		
Check/ ADA No. :	Date :	Bank Name & Account Number:									
Signature :	Date :	EDUARDO O. MANGAOANG									
Official Receipt No. & Date/Other Documents											