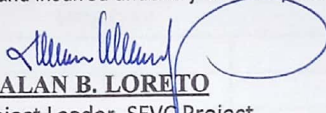


REPUBLIC OF THE PHILIPPINES VISAYAS STATE UNIVERSITY Visca, Baybay City, Leyte  <b>DISBURSEMENT VOUCHER</b>				Fund Cluster: 20201050-1.99  Date: _____ DV No.: _____	
Mode of Payment	<input type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify)				
Payee	<b>ROMEL D. AGUNOS</b>		TIN/Employee No:	ORS/BUS No.:	
Address:	VSU, BAYBAY CITY				
Particulars			Responsibility Center	MFO/PAP	Amount
<b>PAYMENT</b> of service rendered of <b>Mr. Romel D. Agunos</b> as Science Research Assistant/ Project Assistant of <b>Food Value Chain Improvement of Vegetable and Tilapia in Region VIII</b> for the period <b>December 16-31, 2021</b> at the rate of <b>P 10, 503.00/quincina.</b> , as per supporting papers attached in the amount of .....				Less: PAG-IBIG contribution	P 10, 503.00
					P 10, 503.00
A.Certified. Expenses/Cash Advance necessary, lawful and incurred under my direct supervision  <div style="text-align: center;">   <b>ALAN B. LORETO</b>          Project Leader, SFVC Project          Printed Name, Designation and Signature of Supervisor       </div>					
B.] Accounting Entry:					
Account Title			UACS Code	Debit	Credit
C.] Certified:			D. Approved for Payment		
<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			Signature		
Printed Name	<b>NICK FREDDY R. BELLO</b>		Printed Name	<b>EDGARDO E. TULIN</b>	
Position	Accountant II		Position	President	
	Head, Accounting Unit/Authorized Representative			Agency Head/Authorized Representative	
Date			Date		
E. Receipt of Payment					
Check/ ADA No.:		Date:	Bank Name & Acct. Number:	JEV No.	
Signature:		Date:	Printed Name:	Date	
Official Receipt No. & Date/Other Documents					