Agency Head/Authorized Representative

Date

JEV No.

				11
CAVAS	VISAYAS STATE UNIV	ERSITY		Fund Cluster :
Entity Name  DISBURSEMENT VOUCE		OUCHER		Trust Fund Dec. 7, 2023 DV No. :
Mode of Payment	MDS Check Commercial Check ADA Others (Please specify)			
Payee	Shaira Anne L. Quinto	TIN/Employee	No.:	ORS/BURS No.:
Address	VSU, Baybay City, Leyte			
	Particulars	Responsibility Center	MFO/PAP	Amount
in the amou	Thesis expenses  nt of ₱14,556.90  ting papers hereto attached	20201050-10.79.1 DA Biotech (Thesis expenses)	301000000	14,835.90
A. Certified	Amount Due  : Expenses/Cash Advance necessary, lawful and in	ncurred under my direct	t supervision.	14,835.90
	ANABELL Printed Name, Designation	LA B. TULIN n and Signature of Supe	ervisor	
B. Accounti	ing Entry:			
) /* /*	Account Title	UACS Code	Debit	Credit
Sub	: sh available bject to Authority to Debit Account (when applicabl poorting documents complete and amount claimed proper	D. Approved	for Payment	
Signature		Signature		
Printed Name	NICK FREDDY R. BELLO	Printed Name	DANIEL	LESLIE S. TAN

Head, Accounting Unit/Authorized Representative

Date:

Date:

Position

Date

Printed Name:

Bank Name & Account Number:

Position

Date

Check/

ADA No.:

Signature:

E. Receipt of Payment

Official Receipt No. & Date/Other Documents