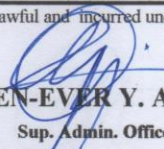
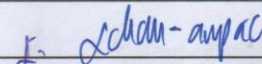


| | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------|---------------------------------------|-------------------|
| VISAYAS STATE UNIVERSITY | | | | Fund Cluster : | |
| Entity Name | | | | | |
| DISBURSEMENT VOUCHER | | | | Date : April 01, 2022 | |
| | | | | DV No. : | |
| | | | | | |
| Mode of Payment | <input type="checkbox"/> MDS Check <input checked="" type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify) | | | | |
| Payee | LAND BANK OF THE PHILIPPINES | | TIN/Employee No.: | ORS/BURS No.: | |
| Address | Baybay City, Leyte | | | | |
| Particulars | | | Responsibility Center | MFO/PAP | Amount |
| TO FUND TRANSFER in the amount of FOUR HUNDRED EIGHTY THOUSAND SEVENTY PESOS AND 49/100 ONLY (480,070.49) salary of J.O., Honoraria, Replenishment, Reimbursement charge to STF with all the required supporting papers hereto attached. FUND STF 164 | | | | P | 480,070.49 |
| Amount Due | | | | P | 480,070.49 |
| A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. <div style="text-align: center;">  QUEEN-EVER Y. ATUPAN Sup. Admin. Officer 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 | NICK FREDDY R. BELLO | | Printed Name | EDGARDO E. TULIN | |
| Position | Accountant II | | Position | President | |
| | OIC Head, Accounting Unit/Authorized | | | Agency Head/Authorized Representative | |
| Date | | | Date | | |
| E. Receipt of Payment | | | | JEV No. | |
| Check/ADA No. : | 548340 | 4/1/2022 | Bank Name & Account Number: | | |
| Signature : | | | Printed Name: | | Date |
| LAND BANK OF THE PHILIPPINES | | | | | |
| Official Receipt No. & Date/Other Documents | | | | | |