

 VISAYAS STATE UNIVERSITY Entity Name		Fund Cluster : (05) IGF	
DISBURSEMENT VOUCHER		Date: 12/2/2021	
		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	ARAMED DIAGNOSTIC SUPPLY	TIN/Employee No.:	ORS/BURS No.:
Address	ALBUERA, LEYTE	418-059-345-000	MOOE 02-206441-2021-07-01636
Particulars	Responsibility Center	MFO/PAP	Amount
FULL payment for the purchase of supplies/materials per Invoice # <u>0004-9</u> dated <u>11/22/2021</u> with all the required supporting paper hereto attached in the total amount of Less: 1% GMP: 1,285.98 1% EWT: <u>1,285.98</u> *w/ Waiver P.O # : PO-STF-2021-07-0336 PR # : STF-2021-03-00084 ITEM : MEDICAL SUPPLIES Amount Due	Med/Dental	200010000	128,598.00
			<u>2,571.96</u>
			126,026.04
		LD	1,574.14
			124,451.90
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. <p style="text-align: center;">JESSAMINE C. ECLEO Printed Name, Designation and Signature of Supervisor</p>			
B. Accounting Entry:			
Account Title		UACS Code	Debit
C. Certified: <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		D. Approved for Payment	
Signature		Signature	
Signature Printed Name Position	NICK FREDDY R. BELLO OIC Head, Accounting Unit	Signature Printed Name	EDGARDO E. TULIN President
Date		Date	
E. Receipt of Payment			JEV No.
Check/ ADA No. :	Date :	Bank Name & Account Number:	
Signature :	Date :	Printed Name:	Date
	ARAMED DIAGNOSTIC SUPPLY		
Official Receipt No. & Date/Other Documents			