

 VISAYAS STATE UNIVERSITY Entity Name DISBURSEMENT VOUCHER		Fund Cluster : (07) TR Date: 12/14/2021 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	TACLOBAN TAP COMMERCIAL INC.		TIN/Employee No.: 004-301-284-000
Address	#26-28 P. Gomez St. Brgy. #19 Tacloban City		ORS/BURS No.: 21-07-1272
Particulars		Responsibility Center	MFO/PAP
FULL payment for the purchase of supplies/materials per Invoice # <u>8682</u> dated <u>9/17/2021</u> with all the required supporting paper hereto attached in the total amount of Less: 1% GMP: 5.71 5% EWT: <u>28.57</u> Net Sales 571.43 Add: 12% VAT <u>68.57</u> <u>640.00</u> P.O #: GOODS-21-24-088 (TF) PR #: TF-2020-10-00575 ITEM : OFFICE SUPPLIES <div style="text-align: right;">Amount Due</div>		101T20201050-1.96	(07) TR Warranty Security LD
			640.00 <u>34.28</u> 605.72 <div style="background-color: yellow; height: 15px; width: 100%;"></div> - 605.72
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. <div style="text-align: center;"> JESSAMINE C. ECLEO Head, Office of the Head for Procurement </div>			
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 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 :	TACLOBAN TAP COMMERCIAL INC.	Date :	Printed Name: Date
Official Receipt No. & Date/Other Documents			