ENASS	VISAYAS STATE UNIVI	VISAYAS STATE UNIVERSITY Entity Name		Fund Cluster :	
	Entity Name			Trust Fund	
				11-Dec-23	
DISBURSEMENT VOUCHE				DV No.:	
Mode of Payment	MDS Check Commercial Check	ADA	Others (Please	specify)	
Payee	Ma. Theresa P. Loreto	TIN/Employee	No.:	ORS/BURS No.:	
Address	VSU, Baybay City, Leyte	•			
	Particulars	Responsibility	MFO/PAP	Amount	
		Center	WITO/TAI	Amount	
_	Office expenses				
in the amount	*	DA Biotech	301000000	2,241.00	
as per supporting papers hereto attached 20		20201050-10.79 .1			
				,	
	Amazand Dara			2,241.00	
A. Certified:	Amount Due Expenses/Cash Advance necessary, lawful and inc	urred under my direc	t supervision	2,241.00	
	ANABELLA Printed Name, Designation	B. TULIN and Signature of Supe	ervisor		
B. Accounting	ng Entry:				
	Account Title	UACS Code	e Debit	Credit	
C. Certified:		D. Approved	D. Approved for Payment		
Cash available					
Sub	ject to Authority to Debit Account (when applicable)			
	porting documents complete and amount claimed				
p ₁	roper				
Signature		Signature			
Printed Name		Printed Name			
I Inned Ivaine	NICK FREDDY R. BELLO	Timed I willo	DANIEL LESLIE S. TAN		
Position		——— Position			
	Head, Accounting Unit/Authorized Representati	ve	Agency Head/Authorized Representative		
Date		Date		_	
E. Receipt o	f Payment			JEV No.	

Bank Name & Account Number:

Printed Name:

Date

Date:

Date:

Check/ ADA No.:

Signature:

Official Receipt No. & Date/Other Documents