VISAYAS STATE UNIVERSITY
Entity Name

DISBURSEMENT VOUCHER

Fund Cluster :

Date : November 22, 2021
DV No. :

Mode of Payment	☐ MDS Check ☐ Commercial Check ☐ ADA ☐ Others (Please specify)		
Payee	**ANGELICA D. VALIDA**	TIN/Employee No.:	ORS/BURS No.:
Address	**BAYBAY CITY, LEYTE**		

Particulars	Responsibility Center	MFO/PAP	Amount
Reimbursement of traveling expenses incurred during the monitoring of YRRP projects as per attached documents as of September, October and November 2021.	Results-Based Monitoring and Evaluation (**20201050-50**)		2,400.00
Amount Due			**2,400.00**

A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.

MARIA JULIET C. CENIZA
VP for Research and Extension

B. Accounting Entry

Account Title	UACS Code	Debit	Credit

C. Certified:	**D. Approved for Payment**
☐ Cash available ☐ Subject to Authority to Debit Account (when applicable) ☐ Supporting documents complete and amount claimed proper	
Signature:	Signature:
Printed Name: **NICK FREDDY R. BELLO**	Printed Name: **EDGARDO E. TULIN**
Position: OIC-Head, Accounting Unit/Authorized Representative	Position: President, VSU
Date:	Date:

E. Receipt of Payment

Check/ ADA No.:		Date:	Bank Name & Account Number:	JEV No.
Signature:		Date:	Printed Name:	Date
Official Receipt No. & Date/Other Documents				