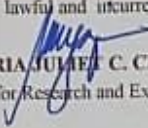


|                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                            |                                                       |                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------|
| <b>VISAYAS STATE UNIVERSITY</b><br>Entity Name                                                                                                                                                                                                                                                                              |                                                                                                                                                            | Fund Cluster :                                        |                            |
| <b>DISBURSEMENT VOUCHER</b>                                                                                                                                                                                                                                                                                                 |                                                                                                                                                            | Date : November 22, 2021<br>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                                                                                                                                                                                                                                                                                                                       | ANGELICA D. VALIDA                                                                                                                                         | TIN/Employee No.:                                     | ORS/BURS No.:              |
| Address                                                                                                                                                                                                                                                                                                                     | BAYBAY CITY, LEYTE                                                                                                                                         |                                                       |                            |
| Particulars                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                            | Responsibility Center                                 | 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                   |
| <b>Amount Due</b>                                                                                                                                                                                                                                                                                                           |                                                                                                                                                            |                                                       | <b>2,400.00</b>            |
| <b>A.</b> Certified Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.<br><br><div style="text-align: center;"> <br/> <b>MARIA JULIET C. CENIZA</b><br/>         VP for Research and Extension       </div> |                                                                                                                                                            |                                                       |                            |
| <b>B.</b> Accounting Entry                                                                                                                                                                                                                                                                                                  |                                                                                                                                                            |                                                       |                            |
| Account Title                                                                                                                                                                                                                                                                                                               |                                                                                                                                                            | UACS Code                                             | Credit                     |
|                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                            |                                                       |                            |
| <b>C. Certified:</b>                                                                                                                                                                                                                                                                                                        |                                                                                                                                                            | <b>D. Approved for Payment</b>                        |                            |
| <input type="checkbox"/> Cash available<br><br><input type="checkbox"/> Subject to Authority to Debit Account (when applicable)<br><br><input type="checkbox"/> 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                                                  |                            |
| <b>E. Receipt of Payment</b>                                                                                                                                                                                                                                                                                                |                                                                                                                                                            |                                                       | JEV No.                    |
| Check/ADA No.:                                                                                                                                                                                                                                                                                                              |                                                                                                                                                            | Date:                                                 | Bank Name & Account Number |
| Signature:                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                            | Date:                                                 | Printed Name:              |
| Official Receipt No. & Date/Other Documents                                                                                                                                                                                                                                                                                 |                                                                                                                                                            |                                                       | Date                       |