Amount Due  A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.  JEROME O. ARRIBADO  Director, Eco-FARMI  B. Accounting Entry:  Account Title  UACS Code  Debit  Credit	VISAYAS STATE UNIVERSITY					Fund Cluster:	
Payment   MDS Check   Commercial Check   ADA   Others (Please specify)  Payee   VSU FUEL STATION   TIN/Employee No.:   ORS/BURS No.:    Particulars   Responsibility   MFO/PAP   Amount    For the payment of 20 liters of diesel as per papers attached amounting to   Amount Due   1,320.00    Amount Due   1,320.00    Amount Due   1,320.00    A Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.    JERONT O ARTIBADO Director, Eco-FARMI    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   Signature    Printed Name   NICK FREDDY R. BELLO   Printed Name   Printed Name   Head, Accounting Office   Position   Agency Head/Authorized Representative    Date   Date   Bank Name & Account Number:    Signature   VSU FUEL STATION   Date :   Printed Name   Date    Bank Name & Account Number:   Date    Date   Printed Name   Date    Date   Date   Printed Name   Date    Date   Date   Printed Name   Date    Date   Date   Printed Name   Date    Date   Date   Date   Date    Date   Date   Date   Date    Date   Date   Date    Date   Date   Date    Date   Date   Date    Date   Date   Date    Date   Date   Date    Date   Date   Date    Date   Date   Date    Date   Date   Date    Date   Date   Date    Date   Date   Date    Date   Date   Date    Date   Date   Date    Date   Date    Date   Date   Date    Date   Date   Date    Date   Date   Date    Date   Date   Date    Date   Date   Date    Date   Date   Date    Date   Date   Date    Date   Date   Date    Date   Date    Date   Date   Date    Date   Date   Date    Date   Date   Date    Date   Date   Date    Date   Date   Date    Date   Date   Date    Date   Date   Date    Date   Date   Date    Date   Date   Date    Date   Date   Date    Date   Date   Date    Date   Date   Date    Date   Date   Date    Date   Date   Date    Date   Date						Control Control	
Address  Particulars  Responsibility  MFO/PAP Amount  Portine payment of 20 liters of diesel as per papers attached amounting to  Amount Due  A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.  JEROME OARRIBADO Director, Eco-FARMI  B. Accounting Entry:  Account Title  UACS Code  Debit  Credit  C. Certified:  Subject to Authority to Debit Account (when applicable)  Supporting documents complete and amount claimed proper  Signature  Printed Name  NICK FREDDY R. BELLO Position  Head, Accounting Unit/Authorized Representative Date  NICK REDITION  Date:  Bank Name & Account Number:  JEV No.  Signature:  VSU FUEL STATION  Date:  Printed Name: Date		MDS Check Commercial Ch	eck	ADA	Others (Ple	ase specify)	
Particulars  Particulars  Particulars  Responsibility  MFO/PAP  Amount  Vermiculture  I,320.00  Amount Due  A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.  JEROME OARRIBADO  Director, Eco-FARMI  B. Accounting Entry:  Account Title  UACS Code  Debit  Credit  C. Certified:  Subject to Authority to Debit Account (when applicable)  Supporting documents complete and amount claimed proper  Signature  Printed Name  NICK FREDDY R. BELLO  Printed Name  Position  Head, Accounting Unit/Authorized Representative  Date  E. Receipt of Payment  Check/  ADA No.:  Signature:  VSU FUEL STATION  Date:  Bank Name & Account Number:  Printed Name:  Date  Date  Date  Date  Printed Name:  Date	Payee	VSU FUEL STATION		TIN/Employee	No.:	ORS/BURS No.:	
For the payment of 20 liters of diesel as per papers attached amounting to  Amount Due  A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.  JEROME O ARRIBADO Director, Eco-FARMI  B. Accounting Entry:  Account Title  UACS Code  Debit  Credit  Cash available  Subject to Authority to Debit Account (when applicable)  Supporting documents complete and amount claimed proper  Signature  Printed Name  NICK FREDDY R. BELLO Printed Name  NICK FREDDY R. BELLO Position  Head, Accounting Unit/Authorized Representative  Date  Date  Bank Name & Account Number:  Signature:  VSU FUEL STATION  Vermiculture  1,320.00	Address	VSU, Visca, Baybay City, Leyte					
Amount Due Account Title Account Debit Account (when applicable) Approved for Payment Account Payment Account Debit Account (when applicable) Agency Head/Authorized Representative Date		Particulars	F	Responsibility	MFO/PAP	Amount	
A Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.  JEROME O ARRIBADO  Director, Eco-FARMI  B. Accounting Entry:  Account Title  UACS Code  Debit  Credit  Cash available  Subject to Authority to Debit Account (when applicable)  Supporting documents complete and amount claimed proper  Signature  Printed Name  NICK FREDDY R. BELLO  Printed Name  NICK FREDDY R. BELLO  Printed Name  NICK FREDDY R. BELLO  Printed Name  Date  Date  Date  Date  Date  Date  Necepit of Payment  Check/ ADA No.:  VSU FUEL STATION  Date:  Bank Name & Account Number:  Date  Date  Date  Date	1			/ermiculture		1,320.00	
Supporting documents complete and amount claimed proper   Signature   Printed Name   NICK FREDDY R. BELLO   Head, Accounting Unit/Authorized Representative   Date   Dat						1,320.00	
Account Title  UACS Code  Debit  Credit  C. Certified:  Cash available  Subject to Authority to Debit Account (when applicable)  Supporting documents complete and amount claimed proper  Signature  Printed Name  NICK FREDDY R. BELLO  Position  Head, Accounting Office Head, Accounting Unit/Authorized Representative  Date  E. Receipt of Payment  Check/ ADA No.:  Signature:  VSU FUEL STATION  Date:  Position  Date	Director, Eco-FARMI						
C. Certified:  Cash available  Subject to Authority to Debit Account (when applicable)  Supporting documents complete and amount claimed proper  Signature  Printed Name  NICK FREDDY R. BELLO  Position  Head, Accounting Office Head, Accounting Unit/Authorized Representative  Date  E. Receipt of Payment  Check/ ADA No.:  Signature:  VSU FUEL STATION  Date:  Date:  Date:  Position  Date:  Bank Name & Account Number:  Date  Printed Name  Printed Name  Agency Head/Authorized Representative  Date  Printed Name  EDGARDO E. TULIN  Printed Name  Agency Head/Authorized Representative  Date:  Bank Name & Account Number:  Date  Printed Name:  Date	B. Account			UACS Code	Debit	Credit	
Cash available  Subject to Authority to Debit Account (when applicable)  Supporting documents complete and amount claimed proper  Signature  Printed Name  NICK FREDDY R. BELLO  Position  Head, Accounting Office Head, Accounting Unit/Authorized Representative  Date  E. Receipt of Payment  Check/ ADA No.:  Signature:  VSU FUEL STATION  Signature (when applicable)  Printed Name  EDGARDO E. TULIN  Position  Agency Head/Authorized Representative  Date  Date  Date  Printed Name  EDGARDO E. TULIN  President  Agency Head/Authorized Representative  Date  Date  Date  Date  Date  Date  Printed Name & Account  Number:  Date		*					
Subject to Authority to Debit Account (when applicable)  Supporting documents complete and amount claimed proper  Signature  Printed Name  NICK FREDDY R. BELLO  Position  Head, Accounting Office Head, Accounting Unit/Authorized Representative  Date  E. Receipt of Payment  Check/ ADA No.:  Signature:  VSU FUEL STATION  Signature Signature  Signature				D. Approved for Payment			
Printed Name NICK FREDDY R. BELLO Position Head, Accounting Office Head, Accounting Unit/Authorized Representative  Date  E. Receipt of Payment Check/ ADA No.: Signature: VSU FUEL STATION  Printed Name  EDGARDO E. TULIN Position President Agency Head/Authorized Representative  Date Position Position Position Position Agency Head/Authorized Representative  Date  Printed Name Printed Name  Date  Printed Name: Date	Sub	pject to Authority to Debit Account (when application					
Name NICK FREDDY R. BELLO  Position Head, Accounting Office President Head, Accounting Unit/Authorized Representative  Date Date  E. Receipt of Payment Check/ ADA No.:  Signature: VSU FUEL STATION  Position President Agency Head/Authorized Representative  Date Position Position President Agency Head/Authorized Representative  Date Printed Name  Printed Name Printed Name  Date Printed Name  Printed Name Printed Name  Date Date Printed Name:  Date				Signature			
Head, Accounting Unit/Authorized Representative  Date  Date  Date  Date  Date:  Bank Name & Account Number:  Signature:  VSU FUEL STATION  Head, Accounting Unit/Authorized Representative  Date  Date  Date  Date  Date  Date:  Printed Name:  Date				Printed Name			
E. Receipt of Payment  Check/ ADA No.:  Signature:  VSU FUEL STATION  Date:  Bank Name & Account Number:  Printed Name:  Date	Position			Position			
Check/ ADA No. :  Signature : VSU FUEL STATION  Date : Bank Name & Account Number:  Printed Name: Date	Date			Date			
ADA No. : Number:  Signature : VSU FUEL STATION  Date : Printed Name: Date		f Payment				JEV No.	
VSU FUEL STATION VSU FUEL STATION		Date :		Number:	Account		
		VSU FUEL STATION		Printed Name:		Date	