VISAYAS STATE UNIVERSITY

Entity Name

Fund Cluster :

Date:Dec.06, 2021
DV No. :

DISBURSEMENT VOUCHER #2021-209

Mode of Payment	☐ MDS Check ☐ Commercial Check ☐ ADA ☐ Others (Please specify) _____		
Payee	**HMP Vegetables & Sari-Sari Store/ HELEN M. PLACA**	TIN/Employee No.:	ORS/BURS No.:
Address	**VSU Visca Baybay City, Leyte**		

Particulars	Responsibility Center	MFO/PAP	Amount
Payment of assorted vegetables, spices & seasonings per supporting papers attached in the amount of - - - - -	VSU Pavilion	200010000	8,130.00
Amount Due			**8,130.00**

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

JOSEFINA M. LARROSA
GHP Manager

B. Accounting Entry:

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	OIC HEAD ACCOUNTING Head, Accounting Unit/Authorized Representative
Date	

D. Approved for Payment

Signature	
Printed Name	EDGARDO E. TULIN
Position	VSU PRESIDENT Agency Head/Authorized Representative
Date	

E. Receipt of Payment

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