

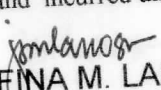
VISAYAS STATE UNIVERSITY

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	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: <table border="1" style="width: 100%;"> <tr> <th>Account Title</th> <th>UACS Code</th> <th>Debit</th> <th>Credit</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>				Account Title	UACS Code	Debit	Credit				
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		D. Approved for Payment 									
Signature	Signature										
Printed Name	Printed Name		EDGARDO E. TULIN								
Position	Position		VSU PRESIDENT								
Date	Date		Agency Head/Authorized Representative								
E. Receipt of Payment <table border="1" style="width: 100%;"> <tr> <td>Check/ADA No. :</td> <td>Date :</td> <td>Bank Name & Account Number:</td> </tr> <tr> <td>Signature :</td> <td>Date :</td> <td>Printed Name:</td> </tr> </table>			Check/ADA No. :	Date :	Bank Name & Account Number:	Signature :	Date :	Printed Name:	JEV No.		
Check/ADA No. :	Date :	Bank Name & Account Number:									
Signature :	Date :	Printed Name:									
Official Receipt No. & Date/Other Documents			Date								