VISAYAS STATE UNIVERSITY Entity Name DISBURSEMENT VOUCHER					Da	Fund Cluster: Date: December 13, 2021 DV No.:	
ode of syment	MDS Check X	Commercial Check	ADA	Others (Please spec	ify)	
iyee	LAND BANK OF T	HE PHILIPPI	NES TIN/Em	nplyee No.:	OR	S/BURS No.:	
ldress	Baybay City,	Leyte					
Particulars			Responsibility MI		MFO/PA	P Amount	
ONE THO 20/100 O Replenish supportin	D TRANSFER in the amount on DUSAND TWO HUNDRED FINLY (351,259.20) salary of Jament, Reimbursement charge g papers hereto attached.	FTY-NINE PESOS A I.O., Honoraria,	AND			P 351,259.20	
FUND S	TF 164	Amount Du	e			p 351,259.20	
		7	Signature of Sup	ervisor			
Accounting	Account Title	7	UACS Code		Debit	Credit	
	Account Title	<i>P</i>	UACS Code	е п		Credit	
Certified: Cas Sub	Account Title	at (when applicable)		е п		Credit	
Certified: Cas Sub	Account Title Account Title h available ject to Authority to Debit Account porting documents complete and oper	at (when applicable)	UACS Code	е п		Credit	
Certified: Cas Sub Sup pi	Account Title Account Title h available ject to Authority to Debit Account porting documents complete and	at (when applicable) amount claimed	UACS Code D. Approved	for Payment	•	Credit RDO E. TULIN	
Certified: Cas Sub Sup Sup pt	Account Title Account Title Account Title Account Title	at (when applicable) amount claimed R. BELLO	D. Approved Signature	for Payment	t EDGAR		
Certified Cas Sub Sup Pi Signature Printed Name	Account Title h available ject to Authority to Debit Account porting documents complete and roper NICK FREDDY Accountant	at (when applicable) amount claimed R. BELLO	D. Approved Signature Printed Name	for Payment	t EDGAR	RDO E. TULIN President	
Certified: Cas Sub Sup Printed Name Position Date Receipt o	Account Title h available ject to Authority to Debit Account porting documents complete and roper NICK FREDDY Accountant	at (when applicable) amount claimed R. BELLO	D. Approved Signature Printed Name Position Date	for Payment	EDGAF	RDO E. TULIN President	
Certified: Cas Sub Sup Printed Name Position Date	Account Title	at (when applicable) amount claimed R. BELLO	D. Approved Signature Printed Name	for Payment Age	EDGAF	RDO E. TULIN President Authorized Representative	
Certified Cas Sub Sup properties of Cas Sub Sup properties of Cas Sub Sup properties of Cas Sub Sup Printed Name Position Date Receipt of Check/	Account Title h available ject to Authority to Debit Account porting documents complete and oper NICK FREDDY Accountant OIC Head, Accounting to	R. BELLO	D. Approved Signature Printed Name Position Date	for Payment Age	EDGAF	RDO E. TULIN President Authorized Representative 7 No.	