| VISAYAS STATE UNIVERSITY Entity Name DISBURSEMENT VOUCHER #2021-097 | | | | Appendix 3 Fund Cluster: | |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------|------------------------------------------------|--|
| | | | | Date: Nov. 26, 2021 DV No. : | |
| Mode of Payment | MDS Check Commercial Check | | Others (Pleas | | |
| Payee | JOSEFINA M. LARROSA | TIN/Employee | No.: | ORS/BURS No.: | |
| Address | VSU Visca Baybay City, Leyte | | | 1 | |
|]]_ | Particulars | Responsibility Center | MFO/PAP | Amount | |
| | plenishment of expenses incurred of the Pavilion per supporting papers attached in the amount of | VSU Pavilion | 200010000 | 21,079.0 | |
| A. Certified | Amount Due Expenses/Cash Advance necessary, lawful and incu | | - | 21,079.0 | |
| B. Accounti | Account Title | UACS Code | Debit | Credit | |
| B. Accounti | | UACS Code | Debit | Credit | |
| C. Certified: | Account Title | UACS Code D. Approved for | Been | Credit | |
| C. Certified: Casi Subj | Account Title | | Been | Credit | |
| C. Certified: Casi Subj | Account Title Account Title h available ject to Authority to Debit Account (when applicable) porting documents complete and amount claimed | | Been | Credit | |
| C. Certified: Casi Subj | Account Title ch available ject to Authority to Debit Account (when applicable) porting documents complete and amount claimed oper NICK FREDDY R. BELLO | D. Approved fo | or Payment | Credit O E. TULIN | |
| C. Certified: Casi Subj Supj pro Signature Printed Name Position | Account Title ch available ject to Authority to Debit Account (when applicable) porting documents complete and amount claimed oper | D. Approved for Signature Printed Name Position | EDGARD VSU PR | O E. TULIN | |
| C. Certified: Casi Subj Supj pro Signature Printed Name Position Date | Account Title ch available ject to Authority to Debit Account (when applicable) porting documents complete and amount claimed oper NICK FREDDY R. BELLO OIC HEAD ACCOUNTING Head, Accounting Unit/Authorized Representative | D. Approved for Signature Printed Name Position | EDGARD VSU PR | O E. TULIN | |
| C. Certified: Casi Subj Supj pro Signature Printed Name Position Date Receipt of | Account Title ch available ject to Authority to Debit Account (when applicable) porting documents complete and amount claimed oper NICK FREDDY R. BELLO OIC HEAD ACCOUNTING Head, Accounting Unit/Authorized Representative | Signature Printed Name Position Date | EDGARD VSU PR | O E. TULIN | |
| C. Certified: Casi Subj Supj pro Signature Printed Name Position Date | Account Title ch available ject to Authority to Debit Account (when applicable) porting documents complete and amount claimed oper NICK FREDDY R. BELLO OIC HEAD ACCOUNTING Head, Accounting Unit/Authorized Representative | Signature Printed Name Position | EDGARD VSU PR | O E. TULIN RESIDENT 2 m norized Representative | |