VISAYAS STATE UNIVERSITY Fund Cluster: **Entity Name** Date: march 29, 2022 **DISBURSEMENT VOUCHER** DV No.: 001 Mode of x MDS Check Commercial Check ADA Others (Please specify) Payment CELSO F. SACRO TIN/Emplyee No.: ORS/BURS No.: Payee Baybay City, Leyte Address Responsibility MFO/PAP **Particulars** Amount Center 5,229.00 Replineshment of supplies purchased as per supporting papers hereto attached in the amount..... **Amount Due** 5,229.00 A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. QUEEN-EVERY. ATUPAN Printed Name, Designation and Signature of Supervisor 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 Signature Signature Printed Printed Name NICK FREDDY R. BELLO Name EDGARDO E. TULIN President Accountant II Position Position Head, Accounting Unit/Authorized Representative Agency Head/Authorized Representative Date Date E. Receipt of Payment JEV No. Check/ Date: Bank Name & Account Number: ADA No. : LBP BAYBAY Date Date: Printed Name: Signature CELSO F. SACRO Official Receipt No. & Date/Other Documents