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## **CVM Laboratory Fee**

Date: January 25, 2022

## **DISBURSEMENT VOUCHER**

		DISDUNSI	TIVILIA	1 VOOCHER	4	DV NO					
Mode of Payment	MDS check Commercial Check				ADA Others (Specify)						
PAYEE	MA. DE	LIA A. PAG	ENTE		TIN/Employee	ORS/BUR No.:					
Address	Address COLLEGE OF VETERINARY MEDICINE, Visayas State University, Visca, Baybay City, Leyte										
		PARTICU	LARS		Responsibility Center	MFO/PAP	Amount				
Suppoi Amount Amount	ting pape	of petty/cash at the following forms of $\frac{5}{1}$	VETMED	301000000	1,250.40						
						Total	1,250.40				
Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision  SANTIAGO TYPEÑA, JR.  College Dean  B Accounting Entry											
B Accoun	ung Entry	Account	Title		UACS Code	Debit	Credit				
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			·		Cicun				
C Certifie					D Approved for Payment						
Subj		rity to Debit Acco			-	-	,				
Signature: Printed Name: Position Date		NICK FREDDY R. BELLO OIC Head, Accounting Office Authorized Representative			Signature Printed Name Position Date	EDGARDO E. TULIN  President  Agency Head/Authorized Representative					
	of Payment	:	<u> </u>		JEV No.						
Check/ ADA No.:				Date	Bank Name & Ac	count Number:					
Signature:	MA. D	ELIA A. PAGEI	NTE	Date:							