JEV No.

Date

Bank Name & Account Number:

Printed Name:



E. Receipt of Payment
Check/

Official Receipt No. & Date/Other Documents

ADA No.:

Signature:

		nghanasa nagarang ng matakan na kananan na kananan na		AND THE STREET STREET,	
NASS	VISAYAS STATE UI	VISAYAS STATE UNIVERSITY Entity Name			Fund Cluster :
	Entity Nam				Trust Fund
					Feb. 20, 2023
DISBURSEMENT VOUCHER					DV No.:
Mode of Payment	MDS Check Commercial C	Check	ADA [Others (Please	specify)
Payee	Ma. Theresa P. Loreto		TIN/Employee	No.:	ORS/BURS No.:
Address	VSU, Baybay City, Leyte				
	Particulars	R	Responsibility	MFO/PAP	Amount
To replenish communication expenses			Center		
in the amount of			DA Biotech	301000000	1,000.00
		1	01050-10.79 .1	00.00000	
	,				To Control of the Con
		a Company of the Comp			
1 C-4:5-1	Amount Due Expenses/Cash Advance necessary, lawful a	ad incurra	Lundar my direct	gupagyigian	1,000.00
A. Certified:	Expenses/Cash Advance necessary, fawiur a	na mearec	i under my direct	supervision.	
ANABELLA B. TULIN nital					
Printed Name, Designation and Signature of Supervisor					
B. Accounting			·	ususustosan again manya manka muunin kirastan kantinatta ee ti tala saabi kirast	
Account Title			UACS Code	Debit	Credit
			and the same of th		
	,				
C. Certified:			D. Approved	for Payment	
C. Certified: Cash available			D. 1-2-P		
Subject to Authority to Debit Account (when applicable)					
Supporting documents complete and amount claimed					
p	roper				
Signature	6		Signature		
Printed Name	NICK FREDDY R. BELLO		Printed Name	EDGAF	RDO E. TULIN
Doc'tio-			Position	500000000000000000000000000000000000000	
Position	Head, Accounting Unit/Authorized Repre	sentative	r osition	Agency Head/Authorized Representative	
Date			Date	- A	

Date:

Date: