

 VISAYAS STATE UNIVERSITY Entity Name		Fund Cluster : (01) RAF	
DISBURSEMENT VOUCHER		Date: 12/9/2021 DV No. :	
Mode of Payment	<input type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify)		
Payee Address	HYW I.T. DISTRIBUTOR Ang Atillo Bldg., Plaridel Ext., Sto. Nino, Cebu City		TIN/Employee No.: 710-973-835-000 ORS/BURS No.: CO 06-101409- 2021-06-02682
Particulars		Responsibility Center	MFO/PAP
FULL payment for the purchase of supplies/materials per Invoice # <u>0325</u> dated <u>9/8/2021</u> with all the required supporting paper hereto attached in the total amount of Less: 1% GMP: 183.04 5% EWT: <u>915.18</u> Net Sales 18,303.57 Add: 12% VAT 2,196.43 <u>20,500.00</u>		OBE	301000000
			20,500.00
			1,098.22
			19,401.78
P.O #: 2FB-20-56R-027 (GF) PR #: GF-20-01-0400 ITEM : PRINTER			Warranty Security
			LD
Amount Due			1,004.50
18,397.28			
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. <div style="text-align: center;"> JESSAMINE C. ECLEO Printed Name, Designation and Signature of Supervisor </div>			
B. Accounting Entry:			
Account Title		UACS Code	Debit
C. Certified: <input type="checkbox"/> Cash available <input type="checkbox"/> Subject to Authority to Debit Account (when applicable) <input type="checkbox"/> Supporting documents complete and amount claimed proper		D. Approved for Payment	
Signature Printed Name Position	Signature Printed Name		
	NICK FREDDY R. BELLO OIC Head, Accounting Unit		EDGARDO E. TULIN President
Date	Date		
E. Receipt of Payment			JEV No.
Check/ADA No. :	Date :	Bank Name & Account Number:	
Signature :	Date :	Printed Name:	
HYW I.T. DISTRIBUTOR			
Official Receipt No. & Date/Other Documents			