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## VISAYAS STATE UNIVERSITY

Fund	Cluster	:	

Entity Name				(07) TR		
DISBURSEMENT VOUCHER					Date: 12/3/2021 <b>DV No. :</b>	
Mode of	MDS Check Commercia	l Check		ADA	Others (Please	•
Payment			TIN	Employee No	<b></b>	ORS/BURS No.:
Payee	HYW I.T. DISTRIBUTO	OR	11111/	Employee No	)	OKS/BUKS No
Address	710-973-8		-835-000	21-04-637		
	Particulars			Responsibilit Center	MFO/PAP	Amount
Invoice #	red supporting paper hereto attache	with all ed in the	r	101T2020105 60.1	<sup>0-</sup> (07) TR	36,930.00
Less: 1% GMP: 329.73 5% EWT: 1,648.66					1,978.39	
*/ 18/	Net Sales Add: 12% VAT	32,973 3,956	.79		Warranty	34,951.61
*w/ Wai		36,930	.00		Security	
P.O # : 2FB- PR # : TF20	-21-17-008 (TF)				LD	739.05
ITEM : IT SI					LD	739.03
11 LW . 11 O		Amount	Due			34,212.56
D A	Printed Name, Desi	AMINE C. EC			or	
B. Accounting	Account Title		Ιτ	JACS Code	Debit	<u> </u>
	Account Title		<u> </u>	JACS Code	Debit	
C. Certified:			D.	Approved for	or Payment	
Subj	n available ect to Authority to Debit Account (when a porting documents complete and amount cla oper					
Signature Printed				ignature		
Name Position	NICK FREDDY R. BELL OIC Head, Accounting Unit	0	Prii	nted Name		O E. TULIN esident
E. Receipt of	? Payment					JEV No.
Check/ ADA No.:	a ayment	Date :	Bank	Name & Ac	count Number:	JL V NO.
Signature :	HYW I.T. DISTRIBUTOR	Date :	Print	ed Name:		Date
Official Receipt N	o. & Date/Other Documents					I

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## VISAYAS STATE UNIVERSITY

**Entity Name** 

Fund Cluster	:
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DISBURSEMENT VOUCHER					Date: 12/3/2021 <b>DV No.:</b>	
Mode of Payment	MDS Check Commercia	l Check	ADA	Ot	hers (Please s	specify)
Payee	0		TIN/Employee No.:			ORS/BURS No.:
	U			0		0
Address	U		Responsib	vility/		0
	Particulars		Center	-	MFO/PAP	Amount
FULL pa	ayment for the purchase of supplies	materials pe	r			
Invoice #	# 0 dated 1/0/190	00 with all				
the requ	ired supporting paper hereto attache	ed in the				
total amo	ount of		0		0	-
	Less: 1% GMP: -					
	5% EWT: -					-
	Net Sales	-	_			
	Add: 12% VAT					_
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,	Warranty	
P.O #: 0					Security	
P.O#. 0 PR#: 0					LD	
					LU	_
ITEM : 0		Amount	Duo			_
A Cartified:	Expenses/Cash Advance necessary, lawful			unomisia	- n	
B. Accounting	Printed Name, Design	AMINE C. EC gnation and Sign		visor		
D. / Accounting	Account Title		UACS Cod	e.	Debit	
	TREEGUIL TRIE		01105 004		Deon	+
G G (18) 1			D. Approved	I fon Dor	mont	
C. Certified:	h available		D. Approved	i ior ray	/ment	
<u> </u>	ject to Authority to Debit Account (when a	onlicable)				
	porting documents complete and amount cla	•				
	oper					
Signature : Printed			Signature			
Name	NICK FREDDY R. BELL	O	Printed Name		EDGARD	O E. TULIN
Position	OIC Head, Accounting Unit		-		Pre	sident
Date	f Dovimont		Date			IEV Na
E. Receipt of Check/ ADA	гаутен	Date :	Bank Name & A	Account	Number	JEV No.
No.:		Date:	Dank Maille &	Account	rumber.	
Signature :		Date :	Printed Name:			Date
Signature.	0					