
 <div style="text-align: center;"> VISAYAS STATE UNIVERSITY Entity Name DISBURSEMENT VOUCHER </div>		Fund Cluster :	
		(07) TR	
		Date: 12/3/2021	
		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	HYW I.T. DISTRIBUTOR	TIN/Employee No.:	ORS/BURS No.:
Address	Ang Atillo Bldg., Plaridel Ext., Sto. Nino, Cebu City	710-973-835-000	21-04-637
Particulars		Responsibility Center	Amount
FULL payment for the purchase of supplies/materials per Invoice # <u>0251;0327</u> dated <u>9/8/2021</u> with all the required supporting paper hereto attached in the total amount of Less: 1% GMP: 329.73 5% EWT: <u>1,648.66</u> <div style="text-align: right;"> Net Sales 32,973.21 Add: 12% VAT 3,956.79 36,930.00 </div>		101T20201050-60.1	36,930.00
			1,978.39
			34,951.61
*w/ Waiver P.O # : 2FB-21-17-008 (TF) PR # : TF20-07-163 ITEM : IT SUPPLIES		Warranty Security LD	739.05
Amount Due			34,212.56
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	NICK FREDDY R. BELLO OIC Head, Accounting Unit	Signature Printed Name	EDGARDO E. TULIN President
E. Receipt of Payment			JEV No.
Check/ADA No. :	Date :	Bank Name & Account Number:	
Signature :	Date :	Printed Name:	Date
Official Receipt No. & Date/Other Documents			

		VISAYAS STATE UNIVERSITY Entity Name		Fund Cluster : 0	
		DISBURSEMENT VOUCHER		Date: 12/3/2021	
		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		TIN/Employee No.: 0	
ORS/BURS No.: 0					
Particulars		Responsibility Center		MFO/PAP	
Amount					
FULL payment for the purchase of supplies/materials per Invoice # <u>0</u> dated <u>1/0/1900</u> with all the required supporting paper hereto attached in the total amount of Less: 1% GMP: - 5% EWT: - Net Sales - Add: 12% VAT - _____ _____ Amount Due		0		0	
P.O # : 0 PR # : 0 ITEM : 0		Warranty Security		LD	
Amount Due		0		0	
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.					
JESSAMINE C. ECLEO Printed Name, Designation and Signature of Supervisor					
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		EDGARDO E. TULIN President	
Date		Date			
E. Receipt of Payment					JEV No.
Check/ ADA No. :		Date :		Bank Name & Account Number:	
Signature :		Date :		Printed Name:	
0		0		0	
Official Receipt No. & Date/Other Documents					