

 <b>VISAYAS STATE UNIVERSITY</b> Entity Name <b>DISBURSEMENT VOUCHER</b>		Fund Cluster : <b>(01) RAF</b> Date: 12/6/2021 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	<b>ORMOC MACMERCURY HARDWARE &amp; ALLIED SERVICES, INC.</b> Aviles St., Ormoc City		TIN/Employee No.: <b>005-760-260-000</b>
Address			ORS/BURS No.: MOOE 02-101101-2021-08-03839
Particulars		Responsibility Center	MFO/PAP
<b>FULL</b> payment for the purchase of supplies/materials per Invoice # <u>144463</u> dated <u>9/29/2021</u> with all the required supporting paper hereto attached in the total amount of .....  Less: 1% GMP: 48.39 5% EWT: <u>241.96</u>  Net Sales 4,839.29 Add: 12% VAT 580.71 <b>5,420.00</b>		VARIOUS	VARIOUS
			5,420.00
			290.35
			<b>5,129.65</b>
P.O #: 2FB-21-19-034 PR #: ASSORTED PR's ITEM: CONSTRUCTION MATERIALS  <b>Amount Due</b>			<b>Warranty Security</b>  <b>LD</b>
			-
			<b>5,129.65</b>
<b>A.</b> Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.  <div style="text-align: center;"> <b>JESSAMINE C. ECLEO</b>          Printed Name, Designation and Signature of Supervisor       </div>			
<b>B.</b> Accounting Entry:			
Account Title		UACS Code	Debit
<b>C. Certified:</b> <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		<b>D. Approved for Payment</b>	
Signature Printed Name Position	NICK FREDDY R. BELLO OIC Head, Accounting Unit	Signature Printed Name	EDGARDO E. TULIN President
Date		Date	
<b>E. Receipt of Payment</b>			JEV No.
Check/ ADA No. :	Date :	Bank Name & Account Number:	
Signature :	ORMOC MACMERCURY HARDWARE & ALLIED SERVICES, INC.	Date :	Printed Name:
Official Receipt No. & Date/Other Documents			Date