

 VISAYAS STATE UNIVERSITY Entity Name DISBURSEMENT VOUCHER		Fund Cluster : (05) IGF Date: 12/31/2021 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 PHILCOPY CORPORATION Address 140-B Santiago Apt Real St. Dist. 21, Ormoc City		TIN/Employee No.: 000-169-318-005 ORS/BURS No.: MOOE 02-206441-2021-11-02786																			
Particulars FULL payment for the purchase of supplies/materials per Invoice # <u>27557</u> dated <u>12/13/2021</u> with all the required supporting paper hereto attached in the total amount of <div style="text-align: right;"> Less: 1% GMP: 916.07 5% EWT: 4,580.36 Net Sales 91,607.14 Add: 12% VAT 10,992.86 <u>102,600.00</u> </div> P.O # : PO-STF-2021-10-0456 PR # : STF-2021-10-01194 ITEM : TONER <div style="text-align: right;">Amount Due</div>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">Responsibility Center</th> <th style="width: 20%;">MFO/PAP</th> <th style="width: 60%;">Amount</th> </tr> <tr> <td rowspan="4" style="text-align: center; vertical-align: middle;">DQA</td> <td style="text-align: center;">301000000</td> <td style="text-align: right;">102,600.00</td> </tr> <tr> <td></td> <td style="text-align: right;"><u>5,496.43</u></td> </tr> <tr> <td></td> <td style="text-align: right;">97,103.57</td> </tr> <tr> <td style="text-align: center; color: red;">Warranty Security</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center; background-color: #f0f0f0;">LD</td> <td style="text-align: center;">-</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;">97,103.57</td> </tr> </table>		Responsibility Center	MFO/PAP	Amount	DQA	301000000	102,600.00		<u>5,496.43</u>		97,103.57	Warranty Security			LD	-			97,103.57
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A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. <div style="text-align: center;"> JESSAMINE C. ECLEO Head, Office of the Head for Procurement </div>																					
B. Accounting Entry:																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Account Title</th> <th style="width: 20%;">UACS Code</th> <th style="width: 20%;">Debit</th> <th style="width: 10%;"></th> </tr> <tr> <td style="height: 50px;"></td> <td></td> <td></td> <td></td> </tr> </table>		Account Title	UACS Code	Debit																	
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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 Signature Printed Name Position Date		Signature Signature Printed Name Date																			
NICK FREDDY R. BELLO OIC Head, Accounting Unit		EDGARDO E. TULIN President																			
E. Receipt of Payment		JEV No.																			
Check/ ADA No. :	Date :	Bank Name & Account Number:																			
Signature :	Date :	Printed Name:																			
PHILCOPY CORPORATION																					
Official Receipt No. & Date/Other Documents																					