

<u>VISAYAS STATE UNIVERSITY</u> <b>Entity Name</b>  <b>DISBURSEMENT VOUCHER</b>		<b>Fund Cluster :</b> 01-RAF	
		<b>Date : 10/01/24</b> <b>DV No. :</b>	
<b>Mode of Payment</b>	<input type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify) _____		
<b>Payee</b>	<b>Senona A. Cesar</b>	TIN/Employee No.:	ORS/BURS No.:
<b>Address</b>	<b>Brgy. Pangasugan, Baybay City, Leyte</b>		
Particulars	Responsibility Center	MFO/PAP	Amount
Excess of Refund from cash advance for travel dated January 8-11, 2024- Jagna, Bohol.  OBLI NUMBER: <b>02-101101-2024-01-00009</b>  <div style="background-color: yellow; padding: 2px;">Charge to fund: General Fund</div>		0	1,660.00
<b>Amount Due</b>			<b>1,660.00</b>
<b>A.</b> Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.  <div style="text-align: center;"> <b><u>ELWIN JAY V. YU</u></b>          VP-Admin. &amp; Finance          Printed Name, Designation and Signature of Supervisor       </div>			
<b>B. Accounting Entry:</b>			
Account Title	UACS Code	Debit	Credit
Due to Officers & Employees Cash in Bank, LCCA	20401010 10102020 24	1,660.00	1,660.00
<b>C. Certified:</b>		<b>D. Approved for Payment</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			
Signature		Signature	
Printed Name	<b>NICK FREDDY R. BELLO</b>	Printed Name	<b>PROSE IVYG. YEPES</b>
Position	Accountant II	Position	President
	OIC-Head, Accounting Unit/Authorized Representative		Agency Head/Authorized Representative
Date			
<b>E. Receipt of Payment</b>			<b>JEV No.</b>
Check/ ADA No. :		Date :	
Signature :		Date :	
Official Receipt No. & Date/Other Documents			Date