

	VISAYAS STATE UNIVERSITY Entity Name			Fund Cluster : (05) IGF	
	DISBURSEMENT VOUCHER			Date: 1/19/2022	
				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	ORMOC MACMERCURY HARDWARE & ALLIED SERVICES, INC. Aviles St., Ormoc City		TIN/Employee No.: 005-760-260-000		ORS/BURS No.: MOOE 02-206441-2020-09-02104
Particulars			Responsibility Center	MFO/PAP	Amount
FULL payment for the purchase of supplies/materials per Invoice # <u>163-70;136</u> dated <u>4/20/2021</u> with all the required supporting paper hereto attached in the total amount of <div style="text-align: right;"> Less: 1% GMP: 5,909.40 5% EWT: 29,547.01 Net Sales 590,940.18 Add: 12% VAT 70,912.82 <u>661,853.00</u> </div>			VARIOUS	VARIOUS	661,853.00
					<u>35,456.41</u>
					626,396.59
					6,263.97
					30,930.89
					589,201.73
P.O # : GOODS-20-28-137 (STF) PR # : ASSORTED PR's ITEM : CONSTRUCTION MATERIALS <div style="text-align: right;">Amount Due</div>				Warranty Security LD	
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:					
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 Date	NICK FREDDY R. BELLO OIC Head, Accounting Unit		Signature Printed Name Date	EDGARDO E. TULIN President	
E. Receipt of Payment			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					