Appendix 32

VISAYAS STATE UNIVERSITY Entity Name					Fund Cluster:
DISBURSEMENT VOUCHER					Date: Dec.10,2021
Mode of Payment MDS Check Commercial Check ADA Others (Please specify)					
Payee	VSU Pavilion		TIN/Employee No.	ORS/BURS No.	
Address	VSU Visca Baybay City, Leyte				
Paticulars			Responsibility Center	MFO/PAP	Amount
Payment for snacks per supporting papers attached in the amount of			101T20201050-10.13.43		1,050.00 -
Amount Due					1,050.00
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.					
HUMBERTO R. MONTES JR.  Project Leader  B. Accounting Entry:					
Account Title			UACS Code	Debit	Credit
C. Certified:			D. Assessed G. V.		
C.   Certified:			D. Approved for Payment		
	Cash Available Subject to Authorithy (when applicable) Supporting documer amount claimed proj	nts complete and		2	
Signature			Signature		
Printed Name	ne NICK FREDDY R. BELLO		Printed Name	<b>EDGARDO E. TULIN</b>	
Position	ACCOUNTANT Representative		Position	UNIVERSITY PRESIDENT Agency Head/Authorized Representative	
DATE		DATE			
E. Receipt Pa	yment			JEV	No.
Check/ ADA No.:	Date:		Bank Name & Account Number		
Signature:	VSU PAVILION No. & Date/Other Do	Date:	Printed Name:	Date	