

 VISAYAS STATE UNIVERSITY Entity Name		Fund Cluster : (01) RAF	
DISBURSEMENT VOUCHER		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 Address	PHILCOPY CORPORATION 140-B Santiago Apt Real St. Dist. 21, Ormoc City		TIN/Employee No.: 000-169-318-005 ORS/BURS No.: MOOE 02-101101- 2021-11-05650
Particulars		Responsibility Center	MFO/PAP
FULL payment for the purchase of supplies/materials per Invoice # <u>27562</u> dated <u>12/14/2021</u> with all the required supporting paper hereto attached in the total amount of Less: 1% GMP: 65.18 5% EWT: <u>325.89</u> Net Sales 6,517.86 Add: 12% VAT 782.14 <u>7,300.00</u> P.O #: PO-GF-MOOE-2021-10-0455 PR #: GF-2021-09-00746 ITEM : TONER <div style="text-align: right;">Amount Due</div>		DAEEEx	301000000 <div style="text-align: center; color: red; font-weight: bold;">Warranty Security</div> <div style="text-align: center; background-color: #f08080; font-weight: bold;">LD</div>
			7,300.00 6,908.93 <div style="background-color: yellow; height: 15px; width: 100%;"></div> - 6,908.93
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	NICK FREDDY R. BELLO OIC Head, Accounting Unit	Signature Printed Name	EDGARDO E. TULIN President
Date		Date	
E. Receipt of Payment			JEV No.
Check/ ADA No. :		Date :	Bank Name & Account Number:
Signature :	PHILCOPY CORPORATION	Date :	Printed Name:
Official Receipt No. & Date/Other Documents			Date