

VISAYAS STATE UNIVERSITY

Entity Name

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(01) RAF

Date: 12/31/2021

Less: 1% GMP: 65.18	VERS	DV No.:									
Paye PHILCOPY CORPORATION 140-B Santiago Apt Real St. Dist. 21, Ormoc City		MDS Check	Commercia	ıl Check		ADA	Others (Please	e specify)			
Note	Pavee	PHILCOPY CORPORATION			TIN/Employee No.:		ORS/BURS No.:				
FULL payment for the purchase of supplies/materials per Invoice # 27562 dated 12/14/2021 with all the required supporting paper hereto attached in the total amount of											
FULL payment for the purchase of supplies/materials per Invoice # 27562 dated 12/14/2021 with all the required supporting paper hereto attached in the total amount of		Particulars					MFO/PAP	Amount			
Add: 12% VAT 782.14 7,300.00 P.O #: PO-GF-MOOE-2021-10-0455 PR #: GF-2021-09-00746 ITEM: TONER Amount Due A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. JESSAMINE C. ECLEO Head, Office of the Head for Procurement B. Accounting Entry: Account Title UACS Code Debit Cash available Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed proper Signature Printed Name Printed Name Position Date Receipt of Payment LD 6,908.93 Approved for Payment EDGARDO E. TULIN President Date Bank Name & Account Number: JEV No. Signature: Bank Name & Account Number: Signature: Date Printed Name: Date Date	Invoice # 27562 dated 12/14/2021 with all the required supporting paper hereto attached in the total amount of						301000000	7,300.00 391.07			
7,300.00 P.O.#: PO-GF-MOOE-2021-10-0455 PR #: GF-2021-09-00746 ITEM: TONER Amount Due A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. JESSAMINE C. ECLEO Head, Office of the Head for Procurement B. Account Title UACS Code Debit Cc. Certified: Cash available Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed proper Signature Printed Name Position OIC Head, Accounting Unit Date E. Receipt of Payment Check/ ADA No.: Signature: Date Date: Printed Name Bank Name & Account Number: JEV No. Signature Printed Name Position Date Date Printed Name Date Date Date Date	Net Sales 6,517										
P.O.#: PO-GF-MOOE-2021-10-0455 PR #: GF-2021-09-00746 ITEM: TONER Amount Due G,908.93 A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. JESSAMINE C. ECLEO Head, Office of the Head for Procurement B. Accounting Entry: Account Title UACS Code Debit C. Certified: C. Certified: Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed proper Signature Printed Name Position OIC Head, Accounting Unit Date E. Receipt of Payment Signature: Date: Bank Name & Account Number: Signature: Printed Name: Date Date: Printed Name: Date Date: Printed Name: Date							Warranty	6,908.93			
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A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. JESSAMINE C. ECLEO Head, Office of the Head for Procurement	ITEM : TON	IER			,			2 222 22			
Supporting documents complete and amount claimed proper	A Certified:	Expenses/Cash Advance n	ecessary lawfu			my direct su	nervision	6,908.93			
Account Title C. Certified: D. Approved for Payment	JESSAMINE C. ECLEO Head, Office of the Head for Procurement										
C. Certified: Cash available Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed proper Signature Printed Name Position OIC Head, Accounting Unit Date Name Position Date					UACS Code Debit		Debit	1			
Cash available Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed proper Signature Printed Name Position OIC Head, Accounting Unit Date E. Receipt of Payment Check/ ADA No.: Signature Date: Date: Printed Name Date: Date											
Supporting documents complete and amount claimed proper Signature Printed Name Position Date NICK FREDDY R. BELLO OIC Head, Accounting Unit Date Date Date Date Date: Bank Name & Account Number: Signature Printed Name President Date Date Date Date Date Printed Name EDGARDO E. TULIN President Date Date Date Date Date Date Printed Name Date Date					D.	Approved f	for Payment				
Printed Name Position NICK FREDDY R. BELLO OIC Head, Accounting Unit Date Date Date	Subj	ect to Authority to Debit A	•								
E. Receipt of Payment Check/ ADA No.: Date: Bank Name & Account Number: Date: Printed Name: Date	Printed Name NICK FREDDY R. BELLO			Printed Name EDGARDO E. TULIN President							
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Signature : Date : Printed Name: Date	Check/	rayment		Date :	Bank	Name & Ac	ccount Number:	JEV No.			
Official Receipt No. & Date/Other Documents	Signature :	nature : Date : Printed Name:					Date				