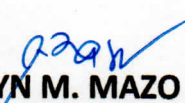


<b>VISAYAS STATE UNIVERSITY</b> VSU, Baybay City, Leyte		Fund Cluster: Fund101T20201050-10.13.43	
<b>DISBURSEMENT VOUCHER</b>		Date: Jan. 30, 2019 DV No.:	
Mode of Payment	<input checked="" type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify)		
Payee	<b>CHRISTINE M. CORRALES</b>	TIN/Employee No.:	ORS/BURS No.:
Address	<b>VISCA, BAYBAY CITY, LEYTE</b>		

PARTICULARS	Responsibility Center	MFO/PAP	Amount
PAYMENT for honorarium for the period from February 1 - 28, March 1-31, April 1-30, May 1-31, and June 1-30, 2019 per approved supporting documents in the total amount of .....	ITEEM		<b>35,625.00</b>
Gross amount ..... 37,500.00			
Less: VAT 5%       1,875.00 <u>1,875.00</u> <b>35,625.00</b>			

A.) Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.

  
**ANALYN M. MAZO**  
 Printed Name, Designation and Signature of Supervisor

B.) Accounting Entry:			
Account Title	UACS Code	Debit	Credit

C.) Certified:	D.) Approved for Payment
<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	Printed Name
<b>ERLINDA S. ESGUERRA</b>	<b>EDGARDO E. TULIN</b>
Position	Position
ACCOUNTANT Head, Accounting Unit/Authorized Representative	UNIVERSITY PRESIDENT Agency Head/Authorized Representative
Date	Date

E.) Receipt of Payment			JEV No.
Check/ ADA No.:	Date:	Bank Name & Account Number:	
Signature:	Date:	Printed Name:	
		<b>CHRISTINE M. CORRALES</b>	Date
Official Receipt No. & Date/Other Documents			