Appendix 32

VISAYAS STATE UNIVERSITY Entity Name DISBURSEMENT VOUCHER					Fund Cluster:
					Date: Dec.10,2021
Mode of Payment	MDS Check	Commercial Che	eck ADA O	thers (Please spec	ify)
Payee	VSU	Pavilion	TIN/Employee No.	ORS/BURS No.	
Address	VSU Visca Baybay Ci	ty, Leyte			
•	Paticulars		Responsibility Center	MFO/PAP	Amount
Payment for snacks per supporting papers attached in the amount of			101T20201050-10.13.43		20,250.00
Amount Due					20,250.00
A. Certifi	ed: Expenses/Cash Ad	vance necessary, lawful	and incurred under my direc	t supervision.	
B. Accou	nting Entry:	HUMBER F	RTO R. MONTES JR. Project Leader		
Account Title			UACS Code	Debit	Credit
C. Certified:			D. Approved for Payment		
Cash Available Subject to Authorithy to Debit Account (when applicable) Supporting documents complete and amount claimed proper					
Signature			Signature		
Name	NICK FREDDY R. BELLO		Printed Name	EDGARDO E. TULIN	
Position	ACCOUNTANT		Position	UNIVERSITY PRESIDENT	
	Head, Accounting Unit/Authorized Representative			Agency Head/Authorized Representative	
DATE			DATE	T	
Check/ ADA No.:	Check/ Date:		Bank Name & Account N	JEV No.	
Signature:	VSU PAVILION	Date:	Printed Name:	Date:	j.
Official Red	ceipt No. & Date/Other	Documents		ġ	