		S STATE UNIVERSITY Entity Name SEMENT VOUCHER			Fund Cluster: 101 Trust(2020-1050-25) Date: February 11, 2022 DV No.:	
Mode of Payment	MDS Check Cor	mmercial Check	ADA	Others (Please	e specify)	
Payee	ANALYN M. AMZO		TIN/Employee No	0.:	ORS/BURS No.:	
Address	Address DBS					
	Particulars		Responsibility Center	MFO/PAP	Amount	
PAYMENT for honorarium for the period from January-February 2022 per approved supporting documents in the total amount of			DBS		32,300.00	
less: VAT (5%) 1,700.00 Total Amount 32,300 A. Certified: Expenses/Cash Advance necessary, lawful		800				
MA. THERESA P. LORETO Dean, CAS						
B. Accounting Entry: Account Title			TIACS Code	HACC Code		
	ANOCOMI A MIC	Manual district of the second	UACS Code	Debit	Credit	
C. Certified:			D. Approved for	D. Approved for Payment		
Cash available Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed proper						
Signature			Signature			
Printed Name	NICK FREDDY R. BELLO		Printed Name	EDGARDO E. TULIN		
	OIC Head, Accounting Division			VSU President		
Date		Date				
E. Receipt of Check/ ADA No.:	Date :		Bank Name & Acco	Bank Name & Account Number:		
Signature :	rre : Date :		Printed Name:		Date	
Official Receir	ot No. & Date/Other Documents					

