

VISAYAS STATE UNIVERSITY

Entity Name

Fund Cluster: (01) RAF

Date: 12/23/2021

DISBURSEMENT VOUCHER

Payment MDS Check Commercial Check ADA Others (Please specify) Payee UNI-REAL TRADING CORPORATION Real St., Ormoe City, Western Leyte TIN/Employee No.: ORS/BURS No.: MGOE 02-101101 2021-11-05649 FULL payment for the purchase of supplies/materials per Invoice # 206212 dated 11/17/2021 with all the required supporting paper hereto attached in the total amount of ICTMC 100000000 704.00 Less: 1% GMP: 6.29 5% EWT: 31.43 Net Sales 628.57 Add: 12% VAT 75.43 Warranty Security 20.0 ± 1.2					<u> </u>		DV No. :
Payee UNI-REAL TRADING CORPORATION Real St., Ormoc City, Western Leyte Particulars Particulars Responsibility Center Particulars Responsibility MFO/PAP Amount FULL payment for the purchase of supplies/materials per Invoice # 206212 dated 11/17/2021 with all the required supporting paper hereto attached in the total amount of	Mode of Payment	I I IMING Chooks I I Commorcial Chooks I IADA I IOthore (Diogeograposity)					
Address Real St., Ormoc City, Western Leyte Responsibility 2021-11-05649 Particulars Responsibility Center MFO-PAP Amount Pull payment for the purchase of supplies/materials per Invoice # 206212 dated 11/17/2021 with all the required supporting paper hereto attached in the total amount of				TIN/	Employee No.:		ORS/BURS No.:
FULL payment for the purchase of supplies/materials per Invoice # 206212 dated 11/17/2021 with all the required supporting paper hereto attached in the total amount of	Payee Address			004-305-254-000		MOOE 02-101101- 2021-11-05649	
Invoice #		Particulars				MFO/PAP	Amount
the required supporting paper hereto attached in the total amount of	FULL pa	yment for the purchase of supplies/	materials pe	r			
total amount of	Invoice #	206212 dated 11/17/202					
Less: 1% GMP: 6.29 5% EWT: 31.43 Net Sales 628.57 Add: 12% VAT 75.43 TO4.00 PR #: GF-2021-09-00795 TEM: BUTANE GAS Amount Due Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. JESSAMINE C. ECLEO Head, Office of the Head for Procurement Account Title UACS Code Debit C. Certified: UACS Code Debit C. Certified: D. Approved for Payment C. Certified: D. Approved for Payment Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed proper Signature Printed Name Printed Name Printed Name Prisident Date Bank Name & Account Number: Signature: UNI-REAL TRADING CORPORATION Date: Printed Name: Date Signature: UNI-REAL TRADING CORPORATION Date: Printed Name: Date Date Printed Name: Date	the require	d supporting paper hereto attached in the					
Signature Signature Signature Signature Signature Signature Prosident Date Signature	total amount of				ICTMC	100000000	704.00
Signature Signature Signature Signature Signature Signature Prosident Date Signature		Less: 1% GMP: 6.29					
Net Sales 628.57 Add: 12% VAT 75.43 704.00 P.O.#: PO-GF-MOOE-2021-11-0467 RE#: GF-2021-09-00795 TEM: BUTANE GAS Amount Due DESSAMINE C. ECLEO Head, Office of the Head for Procurement Account Title UACS Code Debit C. Certified: Cash available Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed proper Signature Printed Name Printed Name NICK FREDDY R. BELLO Date NICK FREDDY R. BELLO Date Bank Name & Account Number: Signature: UNL-REAL TRADING CORPORATION Date: Printed Name: Date							37.72
Add: 12% VAT 75.43 704.00 Warranty Security P. O. #: PO-GF-MOOE-2021-11-0467 PR #: GF-2021-09-00795 LD - TEM: BUTANE GAS Amount Due 666.28 Amount Due 6666.28 Amount Due 666.28 Am			62	8 57			
P.O.#: PO-GF-MOOE-2021-11-0467 PR#: GF-2021-09-00795 TEM: BUTANE GAS Amount Due G66.28 Amount Get Supervision. G66.28 Amount Get Su			_	_			866 29
P.O. # : PO-GF-MOOE-2021-11-0467 PR # : GF-2021-09-00795 TEM : BUTANE GAS Amount Due G66.28 Amount Due		Aud. 1270 VAT				Warrantv	000.20
TEM: BUTANE GAS Amount Due Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. JESSAMINE C. ECLEO Head, Office of the Head for Procurement Account Title UACS Code Debit C. Certified: Cash available Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed proper Signature Printed Name NICK FREDDY R. BELLO Date Name Position OIC Head, Accounting Unit Date Receipt of Payment JEV No. Signature: UNI-REAL TRADING CORPORATION Date: Date UNI-REAL TRADING CORPORATION Date: Date Date Date Date Printed Name: Date							
Amount Due Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. JESSAMINE C. ECLEO						LD	
Amount Due 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: Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed proper Signature Printed Name Position OIC Head, Accounting Unit Date Date Receipt of Payment UACS Code Debit JEV No. Signature Printed Name BDGARDO E. TULIN President Date						LU	-
Cartified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. JESSAMINE C. ECLEO Head, Office of the Head for Procurement B. Accounting Entry:	IILWI . DOTA	ANE GAG	Amoun	t Due			666 28
Signature Printed Name NICK FREDDY R. BELLO Name Position OIC Head, Accounting Unit Date E. Receipt of Payment Date UNI-REAL TRADING CORPORATION Date : UNI-REAL TRADING CORPORATION Date : UNI-REAL TRADING CORPORATION Date : UNI-REAL TRADING CORPORATION Date UNI-REAL TRADING CORPORATION Date Date UNI-REAL TRADING CORPORATION Date Dat	A. Certified: H	Expenses/Cash Advance necessary, lawful and in			t supervision.		000.20
Head, Office of the Head for Procurement Accounting Entry:		•	•		•		
Head, Office of the Head for Procurement Accounting Entry:		JESSA	AMINE C. EC	LEO			
Account Title Account Title UACS Code Debit C. Certified: Cash available Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed proper Signature Printed Name NICK FREDDY R. BELLO Position OIC Head, Accounting Unit Date E. Receipt of Payment Check/ ADA No.: Signature: UNI-REAL TRADING CORPORATION UACS Code Debit UACS Code Debit UACS Code Debit UACS Code Debit UACS Code Debit JEV No. Approved for Payment EDGARDO E. TULIN President JEV No. Date: Bank Name & Account Number: Date Date Date Date							
Account Title UACS Code Debit C. Certified: Cash available Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed proper Signature Printed Name Position NICK FREDDY R. BELLO Position OIC Head, Accounting Unit Date E. Receipt of Payment Check/ ADA No.: Signature: UNI-REAL TRADING CORPORATION UNI-REAL TRADING CORPORATION D. Approved for Payment Signature Printed Name EDGARDO E. TULIN President Date EDGARDO E. TULIN President Date Printed Name Account Number: Date	R Accountin	·					
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 E. Receipt of Payment Check/ ADA No.: Signature: UNI-REAL TRADING CORPORATION DATE Printed Name: DATE				IJACS Code Dobit			
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: UNI-REAL TRADING CORPORATION Subject to Authority to Debit Account (when applicable) Signature Printed Name Printed Name EDGARDO E. TULIN President Date EDGARDO E. TULIN President Date Date Date Date Printed Name Date Date Date		Account Title		<u> </u>	SACS COUC	Deon	
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: UNI-REAL TRADING CORPORATION Subject to Authority to Debit Account (when applicable) Signature Printed Name Printed Name EDGARDO E. TULIN President Date EDGARDO E. TULIN President Date Date Date Date Printed Name Date Date Date							
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: UNI-REAL TRADING CORPORATION Subject to Authority to Debit Account (when applicable) Signature Printed Name Printed Name EDGARDO E. TULIN President Date EDGARDO E. TULIN President Date Date Date Date Printed Name Date Date Date							
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: UNI-REAL TRADING CORPORATION Supporting documents complete and amount claimed Printed Name Printed Name Printed Name EDGARDO E. TULIN President Date EDGARDO E. TULIN President Date Printed Name EDGARDO E. TULIN President Date Date Date Date Date Date Date Date	C. Certified:			D.	Approved for Payment		
Signature Printed Name Position Date Receipt of Payment Check/ ADA No.: Signature: UNI-REAL TRADING CORPORATION Signature Printed Name Signature Printed Name Date Date Printed Name: Date		n available					
Signature Printed Name Position Date E. Receipt of Payment Check/ ADA No.: Signature Date Date: Date:	Subj	ect to Authority to Debit Account (when ap	plicable)				
Signature Printed Name Position Date E. Receipt of Payment Check/ ADA No.: Signature Date: UNI-REAL TRADING CORPORATION Signature Signature Printed Name EDGARDO E. TULIN President Date Date Bank Name & Account Number: Date Printed Name: Date Date Date: Printed Name: Date		• •	imed				
Printed Name Position OIC Head, Accounting Unit Date Date E. Receipt of Payment Check/ ADA No.: Signature: UNI-REAL TRADING CORPORATION Printed Name EDGARDO E. TULIN President Date Bank Name & Account Number: Printed Name EDGARDO E. TULIN President Date Printed Name EDGARDO E. TULIN President Date Date	pro	pper					
Printed Name Position OIC Head, Accounting Unit Date Date E. Receipt of Payment Check/ ADA No.: Signature: UNI-REAL TRADING CORPORATION Printed Name EDGARDO E. TULIN President Date Bank Name & Account Number: Printed Name EDGARDO E. TULIN President Date Printed Name EDGARDO E. TULIN President Date Date	Signature			Q	ionature		
Name Position OIC Head, Accounting Unit President Date Date E. Receipt of Payment Date Bank Name & Account Number: No.: Date Da	Printed		D' (1M				
Date Date Date		ranc		EDGAK			
E. Receipt of Payment Check/ ADA No.: Signature: UNI-REAL TRADING CORPORATION Date: Bank Name & Account Number: Date: Printed Name: Date		OIC Head, Accounting Unit			Date	Pr	esident
Check/ ADA No.: Date: Bank Name & Account Number: Date: Printed Name: Date UNI-REAL TRADING CORPORATION		Payment		I	Date		JEV No.
Signature : UNI-REAL TRADING CORPORATION Date : Printed Name: Date	Check/ ADA		Date:	Bank	Name & Accou	ınt Number:	
Signature : UNI-REAL TRADING CORPORATION			Data ·	Drint	ed Name:		Date
Official Receipt No. & Date/Other Documents	Signature :	UNI-REAL TRADING CORPORATION	Date.	1 1111	ea manic.		
·	Official Receipt N	o. & Date/Other Documents					<u> </u>