Appendix 32

VISAYAS STATE UNIVERSITY Entity Name DISBURSEMENT VOUCHER					Fund Cluster:	
					Date: Dec.10,2021	
Mode of Payment	MDS Check Commercial Check ADA Utners (Please Specify)					
Payee	VSU I	VSU Pavilion TIN/Employee No. ORS/BURS No.				
Address	VSU Visca Baybay City, Leyte					
Paticulars			Responsibility	MFO/PAP	Amount	
Payment for snacks per supporting papers attached in the amount of			101T20201050- 10.13.43		1,050.00	
Amount Due					1,050.00	
A. Certific	ed: Expenses/Cash Adv	vance necessary, lawful	and incurred under my	direct supervision	1.	
B. Accoun	nting Entry:	HUMBER'	TO R. MONTES JR.			
Account Title			UACS Code	Debit	Credit	
			٠.			
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			
Printed Name	NICK FREDDY R. BELLO		Printed Name	EDGARDO E. TULIN		
Position	ACCOUNTANT		Position	UNIVERSITY PRESIDENT Agency Head/Authorized Representative		
Head, Accounting Unit/Authorized Representative DATE		DATE	Agency Head Audionzed Representative			
	ot Payment			JEV 1	No.	
Check/ ADA No.:	Date:		Bank Name & Account Number			
Signature:		Date:	Printed Name:	Date:	3-	
Official Re	eceipt No. & Date/Othe	er Documents			è	