JEV No.

Date

Bank Name & Account

Number:

Printed Name:



E. Receipt of Payment

Official Receipt No. & Date/Other Documents

Check/

ADA No.:

Signature:

SIII	VISAYAS STATE UNIVERS	SITY	<i>I</i>		Fund Cluster:
E C	Entity Name				Trust Fund
WYTE.	RSS DICDLIDGE AND MOVIE	_			30-Apr-24
	DISBURSEMENT VOUC	HER	L		DV No. :
1					Trust Fund
Mode of	MDS Check Commercial Check		LINA	The state of the s	
Payment			ADA	Others (Plea	ease specify)
Payee	Ma. Theresa P. Loreto		TIN/Employee	e No.:	ORS/BURS No.:
Address	VSU, Baybay City, Leyte				
	Particulars		Responsibility	MFO/PAP	Amount
Payment of	honorarium as Co-Project Leader of the VSU- DA Biotech	+	Center		1 Hillouin
Scholarship	program for the month of April 1-30, 2024	1			
in the amoun	nt of ₱2,000.00/month	Sei	DA-Biotech	301000000	1,500.0
	orting papers hereto attached	1	holarship Program	1	
İ		-	20201050-10.79.1	1	
Total amount -	2,000.00		1	1	1
Less:w/tax	500.00		1	1	1
Net amount:	1,500.00		1	1	
	Amount Due		!	1	
A. Certified	d: Expenses/Cash Advance necessary, lawful and incurred und	Jar my	Jimat amagnicie		1,500.0
	1110	er my.	direct supervision	n.	3
	Chrus To Apport		-		
	Project Leader VSUDA Bistal 6				
	Project Leader, VSU DA- Biotech S	Scholor	arship Program		
B. Accounti	ing Entry:				
	Account Title		UACS Code	D.I.V	
SZ 1933box			UACS COUL	e Debit	Credit
		1			
C. Certified:			D. Approved f	for Dowmont	
	sh available		D. Cappers	ОГ Гаушен	
	pject to Authority to Debit Account (when applicable)	,			
Supp	pporting documents complete and amount claimed	,	4		
	roper				
Signature			Signature		
Printed					
Name	NICK FREDDY R. BELLO	1	Printed Name	DDAGE II	
Position		-	 	PRUSE IV	YY G. YEPES
Position	Head, Accounting Unit/Authorized Representative	-	Position –		
Date		-		Agency Head/Autn/	horized Representative
All the party of the last of t			Date		

Date:

Date: