

	VISAYAS STATE UNIVERSITY Entity Name			Fund Cluster : (01) RAF	
	DISBURSEMENT VOUCHER			Date: 12/22/2021	
				DV No. :	
Mode of Payment	<input type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify)				
Payee	N.N. ALCALA STORE		TIN/Employee No.:		ORS/BURS No.:
Address	Tres Martires Street, Baybay, Western Leyte		168-331-936-000		MOOE 02-101101-2021-11-06119
Particulars			Responsibility Center	MFO/PAP	Amount
FULL payment for the purchase of supplies/materials per Invoice # <u>5488</u> dated <u>12/9/2021</u> with all the required supporting paper hereto attached in the total amount of Less: 1% GMP: 0.54 5% EWT: <u>2.68</u> <div style="text-align: right;"> Net Sales 53.57 Add: 12% VAT 6.43 <hr style="width: 100px; margin-left: auto;"/> 60.00 </div>			VSUHSO	200010000	60.00
					3.22
					56.78
				Warranty Security	
				LD	-
P.O # : PO-GF-MOOE-2021-11-0514 PR # : GF-2021-08-00689 ITEM : OFFICE SUPPLIES Amount Due					56.78
A. 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:			D. Approved for Payment		
<input type="checkbox"/> Cash available <input type="checkbox"/> Subject to Authority to Debit Account (when applicable) <input type="checkbox"/> Supporting documents complete and amount claimed proper					
Signature			Signature		
Signature Printed Name Position	NICK FREDDY R. BELLO OIC Head, Accounting Unit		Signature Printed Name	EDGARDO E. TULIN President	
Date			Date		
E. Receipt of Payment					JEV No.
Check/ ADA No. :		Date :	Bank Name & Account Number:		
Signature :	N.N. ALCALA STORE	Date :	Printed Name:		Date
Official Receipt No. & Date/Other Documents					