

		<b>VISAYAS STATE UNIVERSITY</b> Entity Name		Fund Cluster : <b>(05) IGF</b>	
		<b>DISBURSEMENT VOUCHER</b>		Date: 12/2/2021	
				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 <b>ARAMED DIAGNOSTIC SUPPLY</b>		TIN/Employee No.: <b>418-059-345-000</b>		ORS/BURS No.: MOOE 02-206441-2021-11-02784	
Address <b>ALBUERA, LEYTE</b>					
Particulars		Responsibility Center	MFO/PAP	Amount	
<b>FULL</b> payment for the purchase of supplies/materials per Invoice # <u>2553</u> dated <u>11/10/2021</u> with all the required supporting paper hereto attached in the total amount of .....  Less: 1% GMP: 93.50 1% EWT: <u>93.50</u>		VSU-HOSPITAL	200010000	9,350.00  187.00	
P.O # : PO-STF-2021-11-0468 PR # : STF-2021-07-00524 ITEM : MEDICAL SUPPLIES			LD	-	
<b>Amount Due</b>				<b>9,163.00</b>	
<b>A.</b> Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.  <div style="text-align: center;"> <b>JESSAMINE C. ECLEO</b>          Printed Name, Designation and Signature of Supervisor       </div>					
<b>B.</b> Accounting Entry:					
Account Title		UACS Code	Debit		
<b>C. Certified:</b> <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		<b>D. Approved for Payment</b>			
Signature Printed Name Name Position <b>NICK FREDDY R. BELLO</b> OIC Head, Accounting Unit		Signature Printed Name <b>EDGARDO E. TULIN</b> President			
<b>E. Receipt of Payment</b>					JEV No.
Check/ADA No. :		Date :	Bank Name & Account Number:		
Signature :	ARAMED DIAGNOSTIC SUPPLY	Date :	Printed Name:		Date
Official Receipt No. & Date/Other Documents					