

**VISAYAS STATE UNIVERSITY**

Entity Name

DISBURSEMENT VOUCHER

Fund Cluster :

(07) TR

Date: 12/14/2021

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	TACLOBAN TAP COMMERCIAL INC.	TIN/Employee No.: 004-301-284-000		ORS/BURS No.:								
Address	#26-28 P. Gomez St. Brgy. #19 Tacloban City			21-07-1275								
Particulars		Responsibility Center	MFO/PAP	Amount								
FULL payment for the purchase of supplies/materials per Invoice # <u>8681</u> dated <u>9/17/2021</u> with all the required supporting paper hereto attached in the total amount of <div style="text-align: right;"> Less: 1% GMP: 76.38 5% EWT: <u>381.92</u> Net Sales 7,638.39 Add: 12% VAT <u>916.61</u> <hr/> <u>8,555.00</u> </div>		101T20201050-1.95	(07) TR	8,555.00								
			<div style="color: red; font-weight: bold;">Warranty Security</div>	<div style="text-align: right;"><u>458.30</u></div>								
				LD	-							
Amount Due					8,096.70							
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. <div style="text-align: center;"> JESSAMINE C. ECLEO Head, Office of the Head for Procurement </div>												
B. Accounting Entry: <table border="1" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th>Account Title</th><th>UACS Code</th><th>Debit</th><th></th></tr> </thead> <tbody> <tr> <td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					Account Title	UACS Code	Debit					
Account Title	UACS Code	Debit										
C. Certified: <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		D. Approved for Payment <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Signature Printed Name Position</td><td style="width: 50%;">Signature Printed Name</td></tr> <tr> <td>NICK FREDDY R. BELLO OIC Head, Accounting Unit</td><td>EDGARDO E. TULIN President</td></tr> <tr> <td>Date</td><td>Date</td></tr> </table>			Signature Printed Name Position	Signature Printed Name	NICK FREDDY R. BELLO OIC Head, Accounting Unit	EDGARDO E. TULIN President	Date	Date		
Signature Printed Name Position	Signature Printed Name											
NICK FREDDY R. BELLO OIC Head, Accounting Unit	EDGARDO E. TULIN President											
Date	Date											
E. Receipt of Payment		JEV No.										
Check/ADA No. :	Date :	Bank Name & Account Number:										
Signature : TACLOBAN TAP COMMERCIAL INC.	Date :	Printed Name:										
Official Receipt No. & Date/Other Documents												