

UNIVERSITY OF VISAYAS

DISBURSEMENT VOUCHER

Fund Cluster :

Date : 2/3/2023

DV No. :

☐ JMS-Check☐ Commercial Check☐ ADA☐ Others (Please specify)

JEROME O. ARRIBADO

TIN/Employee No.:

ORS/BURS No.:

VSC, VISCA, BAYBAY CITY, LEYTE

Particulars	Responsibility Center	MFO/PAP	Amount
LIQUIDATION and REIMBURSEMENT of Petty Cash Fund as per papers attached amounting to.....			184.40
Amount Due			184.40

A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.

JEROME O. ARRIBADO

Printed Name, Designation and Signature of Supervisor

B. Accounting Entry:

Account Title	UACS Code	Debit	Credit

C. Certified:

- ☐ Cash available
- ☐ Subject to Authority to Debit Account (when applicable)
- ☐ Supporting documents complete and amount claimed proper

D. Approved for Payment

Signature		Signature	
Printed Name	NICK FREDDY R. BELLO	Printed Name	EDGARDO E. TULIN
Position	OIC, HEAD Head, Accounting Unit/Authorized Representative	Position	President Agency Head/Authorized Representative
Date		Date	

E. Receipt of Payment

Check/ADA No. :		Date :	Bank Name & Account Number:	JEV No.
Signature :		Date :	Printed Name:	Date
Official Receipt No. & Date/Other Documents				

LIQUIDATION REPORT

Period Covered: October 2022 - January 2023

Serial No.: _____
Date: 23 2023

Responsibility Center Code:
EFS.0721-0722.01

Entity Name: _____
Fund Cluster: _____

PARTICULARS

AMOUNT

LIQUIDATION OF PETTY CASH FUND as per supporting documents...

Cash Advance amount:
Less: Actual Expenses:

5,000.00
5,184.40

TOTAL AMOUNT SPENT

5,184.40

AMOUNT OF CASH ADVANCE PER DV NO. _____ DTD. _____

5,000.00

AMOUNT REFUNDED PER OR NO. _____ DTD. _____

184.40

AMOUNT TO BE REIMBURSED

A Certified: Correctness of the
above data

JEROME O. ARRIBADO
Signature over Printed Name
Claimant

Date: _____

B Certified: Purpose of travel /
cash advance duly accomplished

MARIA JULIET C. CENIZA
Signature over Printed Name
Immediate Supervisor

Date: _____

C Certified: Supporting documents
complete and proper

NICK FREDDY R. BELLO
Signature over Printed Name
Head, Accounting Division Unit

JEV No.: _____
Date: _____