

VISAYAS STATE UNIVERSITY

Entity Name

Fund Cluster :

Trust Fund

Oct. 17, 022

DISBURSEMENT VOUCHER					DV No.:
Mode of Payment	MDS Check Com	mercial Check	ADA _	Others (Please	specify)
Payee	Ma. Theresa P. Loreto		TIN/Employee No.:		ORS/BURS No.:
Address	VSU, Baybay City, Leyte				
Particulars			Responsibility Center	MFO/PAP	Amount
To replenish communication expenses & Office supplies					1.700.00
in the amount of			DA Biotech	301000000	1,700.00
as per supporting papers hereto attached 202			201050-10.79 .1		
	¥				
	Amount Due				1,700.00
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.					
Printed Name, Designation and Signature of Supervisor					
B Accounting Entry					
B. Accounting Entry: Account Title			UACS Code	Debit	Credit
Account The					
C. Certified:			D. Approved for Payment		
Cash available					
Subject to Authority to Debit Account (when applicable)					
Supporting documents complete and amount claimed					
ŀ	proper		1		
Signature			Signature		
Printed Name	nted Name NICK FREDDY R. BELLO		Printed Name	EDGARDO E. TULIN	
Position	Head, Accounting Unit/Authorized Representative		Position		
Position			Tosition	Agency Head/A	uthorized Representative
Date			Date		
E. Receipt of Payment			I		JEV No.
Check/		Date:	Bank Name & A	Account Number:	
ADA No. : Signature :		Date :	Printed Name:	Date	
Official Receipt No. & Date/Other Documents					
Official Reco	eipi No. & Date/Other Documents				