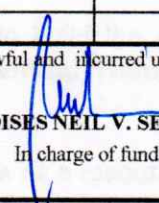


VISAYAS STATE UNIVERSITY Entity Name		Fund Cluster :																					
DISBURSEMENT VOUCHER		DV No. :																					
Mode of Payment	<input type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify)																						
Payee	ROSE ANNE M. AYA	TIN/Employee No.:	ORS/BURS No.:																				
Address	DOST-PCAARRD, LOS BAÑOS, LAGUNA																						
Particulars		Responsibility Center	Amount																				
Payment of honorarium as resource person to the Virtual Training-Workshop on Newswriting Novemeber 15-17,2021 for 2.76 hrs lecture, 3.10 hrs workshop, and produce 1 module (rate of Php 1400/hour for lecture, PhP840/hour for workshop, and PhP3000/module for module.). <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Lecture (2.76 hours)</td> <td style="width: 20%; text-align: right;">3,873.32</td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td>Workshop/Critiquing</td> <td style="text-align: right;">2,604.00</td> <td></td> <td></td> </tr> <tr> <td>Module (1)</td> <td style="text-align: right;">3,000.00</td> <td></td> <td></td> </tr> <tr> <td>Less: Tax (5%)</td> <td style="text-align: right;">473.87</td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">Total</td> <td style="text-align: right; border-top: 1px solid black;">9,003.46</td> <td></td> <td></td> </tr> </table>		Lecture (2.76 hours)	3,873.32			Workshop/Critiquing	2,604.00			Module (1)	3,000.00			Less: Tax (5%)	473.87			Total	9,003.46			20201050-1.97	9,003.46
Lecture (2.76 hours)	3,873.32																						
Workshop/Critiquing	2,604.00																						
Module (1)	3,000.00																						
Less: Tax (5%)	473.87																						
Total	9,003.46																						
TOTAL			9,003.46																				
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. <div style="text-align: center;">  MOISES NEIL V. SERINO In charge of funds </div>																							
B. Accounting Entry:																							
Account Title		UACS Code	Credit																				
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																					
Printed Name	NICK FREDDY R. BELLO	Printed Name	EDGARDO E. TULIN																				
Position	Head, Accounting Unit/Authorized Representative	Position	University President																				
Date		Date																					
E. Receipt of Payment			JEV No.																				
Check/ADA No. :	Date :	Bank Name & Account Number:																					
Signature :	Date :	Printed Name:	Date																				
Official Receipt No. & Date/Other Documents																							