

 <b>VISAYAS STATE UNIVERSITY</b> Entity Name		<b>Fund Cluster :</b> <b>(05) IGF</b> <b>Date: 12/28/2021</b> <b>DV No. :</b>	
<b>DISBURSEMENT VOUCHER</b>			
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 PHARMACY</b>	TIN/Employee No.:	ORS/BURS No.:
Address	<b>A. Bonifacio Street, Zone 11, Baybay City, Leyte</b>	<b>410-643-643-002</b>	MOOE 02-206441-2021-11-02769
Particulars		Responsibility Center	MFO/PAP
<p><b>FULL</b> payment for the purchase of supplies/materials per Invoice # <u>0010</u> dated <u>...</u> with all the required supporting paper hereto attached in the total amount of .....</p> <p style="text-align: right;">           Less: 1% GMP:                      36.00                  1% EWT:                      36.00         </p> <p>P.O # : STF-2021-11-0462          PR # : STF-2021-07-00525          ITEM : MEDICAL SUPPLIES</p> <p style="text-align: right;"><b>Amount Due</b></p>		VSU-HSO	200010000
			3,600.00  72.00  <b>3,528.00</b>
<b>A.</b> Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.			
<b>JESSAMINE C. ECLEO</b> Printed Name, Designation and Signature of Supervisor			
<b>B.</b> Accounting Entry:			
Account Title		UACS Code	Debit
<b>C. Certified:</b>		<b>D. Approved for Payment</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			
Signature Printed Name Position	<b>NICK FREDDY R. BELLO</b> OIC Head, Accounting Unit	Signature Printed Name	<b>EDGARDO E. TULIN</b> President
Date		Date	
<b>E. Receipt of Payment</b>			JEV No.
Check/ADA No. :		Date :	Bank Name & Account Number:
Signature :	ARAMED PHARMACY	Date :	Printed Name:
Official Receipt No. & Date/Other Documents			Date