VISAYAS STATE UNIVERSITY				Fund Cluster : General Fund
DISBURSEMENT VOUCHER			Date : April 22, 2024 DV No. :	
Mode of Payment	MDS Check Commercial Check	ADA	Others (Plea	use specify)
Payee	JHONAVEL R. CASTIL	TIN/Employe	e No.:	ORS/BURS No.:
Address	Visca, Baybay City, Leyte			A PART OF THE PART
	Particulars	Responsibility	MFO/PAP	Amount
Puerto Princ	advance for travel dated May 5-12, 2024 to cesa, Palawan as per supporting papers hereto n the total amount of			38,970.
	A			
A. Certified:	Amount Due Expenses/Cash Advance necessary, lawful and income			32,970,0
-			5	
B. Accounting	ng Entry: Account Title	UACS Code	e Debit	Credit
	Account Title Officers & Employees	UACS Code 19901040 10104040	Debit	
Advances to C Cash MDS C. Certified:	Account Title Officers & Employees	19901040	32,q	10. n
Advances to C Cash MDS C. Certified: Casl Sub	Account Title Officers & Employees	19901040 10104040 D. Approved	32,q	10. n
Advances to C Cash MDS C. Certified: Casl Sub	Account Title Officers & Employees A available ject to Authority to Debit Account (when applicable) porting documents complete and amount claimed	19901040 10104040 D. Approved	32,q	10. n
Advances to C Cash MDS C. Certified: Casl Subj	Account Title Officers & Employees In available per to Authority to Debit Account (when applicable) porting documents complete and amount claimed oper NICK FREDDY R. BELLO	19901040 10104040 D. Approved	કર,વૃ	10. n
Advances to C Cash MDS C. Certified: Casl Subj Supj pro Signature	Account Title Officers & Employees A available ject to Authority to Debit Account (when applicable) porting documents complete and amount claimed oper	19901040 10104040 D. Approved Signature	કર,વૃ	10. n
Advances to C Cash MDS C. Certified: Cash Subject Support Signature Printed Name Position Date	Account Title Officers & Employees In available per porting documents complete and amount claimed oper NICK FREDDY R. BELLO OIC-Head, Accounting Office /Authorized Representative	19901040 10104040 D. Approved Signature Printed Name	કર,વૃ	E IVY G. YEPES
Advances to C Cash MDS C. Certified: Casl Sub Sup pro Signature Printed Name Position Date C. Receipt of	Account Title Officers & Employees In available per porting documents complete and amount claimed oper NICK FREDDY R. BELLO OIC-Head, Accounting Office /Authorized Representative	19901040 10104040 D. Approved Signature Printed Name Position	કર,વૃ	E IVY G. YEPES
Advances to C Cash MDS C. Certified: Cash Subject Support Signature Printed Name Position Date	Account Title Officers & Employees In available per porting documents complete and amount claimed oper NICK FREDDY R. BELLO OIC-Head, Accounting Office /Authorized Representative	19901040 10104040 D. Approved Signature Printed Name Position Date	કર,વૃ	E IVY G. YEPES