

Entity Name DISBURSEMENT VOUCHER		Fund Cluster : Date : Sept. 04, 2024 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	MARIEDITH I. BAGARINAO	TIN/Employee No.:	ORS/BURS No.:
Address	VSU, Visca, Baybay City Leyte		
Particulars	Responsibility Center	MFO/PAP	Amount
To reimburse the remaining balance of my Thesis Grant			P25,000.00
Amount Due			P25,000.00
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. <div style="text-align: center;"> <u>LUZ G. ASIO</u> Printed Name, Designation and Signature of Supervisor </div>			
B. Accounting Entry:			
Account Title	UACS Code	Debit	Credit
C. Certified: <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		D. Approved for Payment	
Signature		Signature	
Printed Name	NICK FREDDY R. BELLO	Printed Name	PROSE IVY G. YEPES
Position	Head, Accounting Office	Position	President
	Head, Accounting Unit/Authorized Representative		Agency Head/Authorized Representative
Date		Date	
E. Receipt of Payment			JEV No.
Check/ADA No. :		Date :	Bank Name & Account Number:
Signature :		Date :	Printed Name:
Official Receipt No. & Date/Other Documents			Date