Appendix 32

VISAYAS STATE UNIVERSITY
Entity Name

Fund Cluster :

DISBURSEMENT VOUCHER

2022
DV No. :

Mode of Payment	☐ MDS Check ☐ Commercial Check ☐ ADA ☐ Others (Please specify)		
Payee	**MARIA CRISTINA A. LOREÑO**	TIN/Employee No.:	ORS/BURS No.:
Address	**VSU, Baybay City, Leyte**		

Particulars	Responsibility Center	MFO/PAP	Amount
To reimburse the payment made during enrolment in the total amount of....	DOST-ASTHRDP 101T 416-10.6.7		**500.00**
Amount Due			**500.00**

A Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.

VICTOR B. ASIO
Printed Name, Designation and Signature of Supervisor

B Accounting Entry:

Account Title	UACS Code	Debit	Credit

C **Certified:**		**D** **Approved for Payment**	
☐ Cash available ☐ Subject to Authority to Debit Account (when applica ☐ Supporting documents complete and amount claim proper			
Signature		Signature	
Printed Name	**NICK FREDDY R. BELLO**	Printed Name	**EDGARDO E. TULIN**
Position	Accountant OIC Head, Accounting Unit/Authorized Representative	Position	President Agency Head/Authorized Representativ
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				