

## VISAYAS STATE UNIVERSITY

Entity Name

Fund Cluster :

DISBURSEMENT VOUCHER #2022-006

Date: Jan. 14, 2022

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           | HMP Vegetables & Sari-Sari Store/<br>HELEN M. PLACA                                                                                                        | TIN/Employee No.: | ORS/BURS No.: |
| Address         | VSU Visca Baybay City, Leyte                                                                                                                               |                   |               |

| Particulars                                                                                               | Responsibility Center | MFO/PAP   | Amount   |
|-----------------------------------------------------------------------------------------------------------|-----------------------|-----------|----------|
| Payment of assorted vegetables, spices & seasonings per supporting papers attached in the amount of ----- | VSU Pavilion          | 200010000 | 8,920.00 |
| Amount Due                                                                                                |                       |           | 8,920.00 |

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

*Josefina M. Larrosa*  
JOSEFINA M. LARROSA  
GHP Manager

B. Accounting Entry:

| Account Title | UACS Code | Debit | Credit |
|---------------|-----------|-------|--------|
|               |           |       |        |

C. Certified:

- ☐ Cash available  
☐ Subject to Authority to Debit Account (when applicable)  
☐ Supporting documents complete and amount claimed proper

D. Approved for Payment

|              |                                                                        |              |                                                        |
|--------------|------------------------------------------------------------------------|--------------|--------------------------------------------------------|
| Signature    |                                                                        | Signature    |                                                        |
| Printed Name | NICK FREDDY R. BELLO                                                   | Printed Name | EDGARDO E. TULIN                                       |
| Position     | OIC HEAD ACCOUNTING<br>Head, Accounting Unit/Authorized Representative | Position     | VSU PRESIDENT<br>Agency Head/Authorized Representative |
| Date         |                                                                        | Date         |                                                        |

E. Receipt of Payment

|                                             |        |                             |         |
|---------------------------------------------|--------|-----------------------------|---------|
| Check/<br>ADA No. :                         | Date : | Bank Name & Account Number: | JEV No. |
| Signature :                                 | Date : | Printed Name:               | Date    |
| HELEN M. PLACA                              |        |                             |         |
| Official Receipt No. & Date/Other Documents |        |                             |         |