



Republic of the Philippines  
**VISAYAS STATE UNIVERSITY**  
 Visca, Baybay City Leyte

# DISBURSEMENT VOUCHER

Fund Cluster :

Date Dec.20, 2021

DV No. :

|  |  |                          |                      |
|--|--|--------------------------|----------------------|
| <b>Mode of Payment</b>   | <input type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify) |                          |                      |
| <b>Payee</b>   | <b>NOEL C. BUSTILLO</b>  | <b>TIN/Employee No.:</b> | <b>ORS/BURS No.:</b> |
| <b>Address</b>   | <b>CVM, VSU</b>  |                          |                      |
| <b>Particulars</b>   | <b>Responsibility</b>  | <b>MFO/PAP</b>           | <b>Amount</b>        |
| TO REPLENISHMENT of Petty Cash for the purchased of supplies and materials urgently needed to the college of VET MED per supporting paper hereto attached..... |  |                          | 2,362.00             |
| <b>Amount Due</b>  |  |                          | <b>2,362.00</b>      |

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

**SANTIAGO T. PEÑA JR.**

Dean CVM

Printed Name, Designation and Signature of Supervisor

B. Accounting Entry:

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

C. Certified:

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

D. Approved for Payment

|                     |   |                     |                                       |
|---------------------|---|---------------------|---------------------------------------|
| <b>Signature</b>    |   | <b>Signature</b>    |                                       |
| <b>Printed Name</b> | <b>ERLINDA S. ESGUERRA</b>                      | <b>Printed Name</b> | <b>EDGARDO E. TULIN</b>               |
| <b>Position</b>     | Accountant                                      | <b>Position</b>     | President                             |
|                     | Head, Accounting Unit/Authorized Representative |                     | Agency Head/Authorized Representative |
| <b>Date</b>         |   | <b>Date</b>         |                                       |

E. Receipt of Payment

|             |  |        |  |                     |         |
|-------------|--|--------|--|---------------------|---------|
| Check/      |  | Date : |  | Bank Name & Account | JEV No. |
| ADA No.     |  |        |  | Number:             |         |
| Signature : |  | Date : |  | Printed Name:       | Date    |

Official Receipt No. & Date/Other Documents