	VISAYAS STATE UNIV	ERSITY		Fund Cluster :
	Entity Name			20201050-1.
DISBURSEMENT VOUCHER			Date : DV No. :	Date :
Mode of				DV No. :
Payment	MDS Check Commercial Check	K ADA	Others (Please s	pecify)
Payee	ALAN B. LORETO	TIN/Employee	e No.:	ORS/BURS No.:
Address	VSU, Baybay City, Leyte			
	Particulars	Responsibility	MFO/PAP	Amount
IOI CONSTI	ish expenses in the purchased of supplies and materials uction of shed house and installation of water system for (Food Value Chain) project as per supporting hereto	-	ger.	1,219.00
			-	
. Certified	Expenses/Cash Advance necessary, lawful and in	curred under my dire	ect cuparticion	1,219.00
. Accounti	Printed Name, Designation	IEF C. CENIZA Exension and Innove in and Signature of S	ation	
Accounti	I for Research, I	ension and Innov	ation Supervisor	Credit
Accounti	Printed Name, Designation	n and Signature of S	ation Supervisor	Credit
Certified:	Printed Name, Designationing Entry: Account Title	n and Signature of S	Debit	Credit
Certified: Casl Subj	Printed Name, Designationing Entry: Account Title	D. Approved for	Debit	Credit
Certified: Casl Subj	Printed Name, Designation ing Entry: Account Title Account Title h available ject to Authority to Debit Account (when applicable) porting documents complete and amount claimed	D. Approved for	Debit	Credit
Certified: Casi Subj Supj pro Signature Printed Name	Printed Name, Designation ing Entry: Account Title Account Title Account (when applicable) porting documents complete and amount claimed oper NICK FREDDY R. BELLO	D. Approved for	Debit Payment	
Certified: Casi Subj Supj pro Signature Printed Name	Printed Name, Designation ing Entry: Account Title Account Title h available ject to Authority to Debit Account (when applicable) porting documents complete and amount claimed oper	D. Approved for	Debit Debit Present	DO E. TULIN
Certified: Casl Subj Supj pro Signature Printed Name Position Date	Printed Name, Designation ing Entry: Account Title Account (when applicable) porting documents complete and amount claimed oper NICK FREDDY R. BELLO OIC-Head Accounting Unit/Authorized Representative	D. Approved for Signature Signature Printed Name	Debit Debit Present	DO E. TULIN
Certified: Cas Subj Supper Signature Printed Name Position Date Receipt of	Printed Name, Designation ing Entry: Account Title Account (when applicable) porting documents complete and amount claimed oper NICK FREDDY R. BELLO OIC-Head Accounting Unit/Authorized Representative	D. Approved for Signature Signature Printed Name Position	Debit Debit Present	DO E. TULIN esident horized Representative
Certified: Casi Subj Supj pro Signature Printed Name Position	Printed Name, Designation ing Entry: Account Title Account (when applicable) porting documents complete and amount claimed oper NICK FREDDY R. BELLO OIC-Head Accounting Unit/Authorized Representative	D. Approved for Signature Signature Printed Name Position	Debit Debit Payment EDGARI Pro Agency Head/Aut	DO E. TULIN