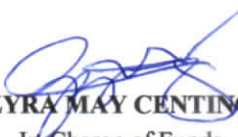


VISAYAS STATE UNIVERSITY Entity Name				Fund Cluster : DV No. :	
DISBURSEMENT VOUCHER					
Mode of Payment		<input type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify)			
Payee		BABYLYN C. LAMBERT		TIN/Employee No.:	
Address		VSU, Baybay City, Leyte			
Particulars		Responsibility Center		MFO/PAP	
Reimbursement for travel expenses dated October 28-29 2024 - attended the Leyte Business Conference 2024 in Palo, Leyte					
				4,170.00	
Amount Due				4,170.00	
<div style="text-align: center;">  ZYRA MAY CENTINO In-Charge of Funds </div>					
B. Accounting Entry:					
Account Title		UACS Code		Debit Credit	
C. Certified:			D. Approved for Payment		
<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					
Signature		Signature			
Printed Name		Printed Name			
Position		Position			
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	