

<div>Entity Name</div> <div>DISBURSEMENT VOUCHER</div>		<div>Fund Cluster : VSU HOSPITAL</div> <div>Date : DV No. :</div>	
Mode of Payment	<div><input type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify)</div>		
Payee	101 TRUST FUND	TIN/Employee No.:	ORS/BURS No.:
Address	Brgy. Pangasugan, Baybay City, Leyte		
Particulars		Responsibility Center	Amount
To fund transfer for the erroneous charge of payment for pag-ibig remittance of Ms. Santos, Rachele Ann (VSU Hospital Staff) per CKDJ-March 2023			100.00
Charge to fund:VSU-HOSPITAL PH (3572-1038-45)			
Amount Due			100.00
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.			
<div>DANIEL LESLIE S. TAN (VP-Admin. & Finance)</div> <div>Printed Name, Designation and Signature of Supervisor</div>			
B. Accounting Entry:			
Account Title		UACS Code	Debit
Due to Other Funds		20301050	100.00
Cash in Bank, LCCA		10102020 24	100.00
C. Certified:		D. Approved for Payment	
<div><input type="checkbox"/> Cash available</div> <div><input type="checkbox"/> Subject to Authority to Debit Account (when applicable)</div> <div><input type="checkbox"/> Supporting documents complete and amount claimed proper</div>			
Signature		Signature	
Printed Name	NICK FREDDY R. BELLO	Printed Name	EDGARDO E. TULIN
Position	Accountant II	Position	President
	OIC-Head, Accounting Unit/Authorized Representative		Agency Head/Authorized Representative
Date			
E. Receipt of Payment			JEV No.
Check/ADA No. :		Date :	
Signature :		Date :	
Official Receipt No. & Date/Other Documents			Date