## **REQUISITION AND ISSUE SLIP**

## VISAYAS STATE UNIVERSITY

AGENCY

DIVISION :	RESPONSIBILITY CENTER	RIS NO.	DATE 11/15/22
	CODE	SAI NO.	DATE

REQUISITION		ISSUANCE					
Stock Number	UNIT	DESCRIPTION	QTY.	UNIT PRICE	TOTAL VALUE	BALANCE	
1	liter	Gasoline	20	73.00	1,460.00		
		Charged to: Vermiculture					
		Charged to. Vermiourum					
		TOTAL			1,460.00		

PURP	OSE:
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For Vermiculture Project use; for the use of grasscutter & hauling, etc.

	REQUESTED BY	APPROVED BY	ISSUED BY	RECEIVED BY
SIGNATURE	In have	Ÿ		
NAME	REYNANTE C. MACAPANAS	EDGARDO E. TULIN		·
DESIGNATION	Incharge, Vermiculture	President		
DATE	Nov. 15, 2022			

## Republic of the Philippines

## **VISAYAS STATE UNIVERSITY**

Visca, Baybay City, Leyte

1	DISBURSEMENT VOU	CHI	ER	24:7	gr _ ` a		FUND CLUS	STER:
12 15 129	MODE OF PAYME			K., ->	7		DATE:	Nov. 15, 2022
	MDS CHECK COMMERCIAL CHECK	ADA	٩	OTHERS _			DVD NO.:	
PAYEE/OFFICE  VSU FUE	L STATION					TIN/Em	ployee No.	OS/BUS No:
ADDRESS:	DIATION				***************************************			
-	sca, Baybay City, Leyte	Constitution to the last						
11/17/14	PARTICULARS				ISIBILITY TER	М	IFO/PAP	AMOUNT
For the pattached	payment of gasoline as per point the amount of	apers		Vermic Proj				P 1,460.00
I del a				AM	OUNT DUE			P 1,460.00
A CERTIFIED:	Expenses/Cash Advance necessary, lawful and incurs  DHENBE	R C.	LUSA	NTA	n.			
B ACCOUNTIN	IG ENTRY:						1997	tribine rook
1 dishes	ACCOUNT TITLE				UACS	CODE	DEBIT	CREDIT
C CERTIFIED:	Dina Sila Carri Sila Pari	E I	D	APPROV	ED FOR PA	YMENT:		
9	Cash available Subject to Authority to Debit Account (when application of the Supporting documents complete and amount of the Supporting documents complete and amount of the Supporting documents complete and amount of the Supporting Office Accounting Unit/Authorized Representative Representative	claimed	SIGN PRIN	ATURE TED NAME TION		EDG	ARDO E. Preside	TULIN
					indetto	y nead/	rucholized	
E RECEIPT OF PA	AYMENT:		Y*:	1/			7,13	JEV NO.
CHECK / ADA NO.:	1	DATE			BANK NAME	& ACCOU	NT NUMBER:	
SIGNATURE:	VSU FUEL STATION	DATE	:		PRINTED N	NAME:	1.1	DATE:
OFFICIAL RECEIPT NO.	. & DATE/OTHER DOCUMENTS:							