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## VISAYAS STATE UNIVERSITY

**Entity Name** 

Fund Cluster:

101 Trust (2020-1050-25)

DISBURSEMENT VOUCHER					Date : March 3, 2022 DV No. :	
Mode of Payment	MDS Check Comit	nercial Check	ADA	Others (Please	specify)	
Payee	DOST 8-RSTL		TIN/Employee No.:		ORS/BURS No.:	
Address	Region Office No. VIII					
	Particulars		Responsibility Center	MFO/PAP	Amount	
Payment for Laboratory Analysis (Dissolevd Oxygen) 10		101 Trust (2020-1050- 25)		3,000,00		
Amount Due				2 000 00		
A. Certified	: Expenses/Cash Advance necessary,	lawful and inco	urred under my direct sup	ervision.	3,000.00	
B. Accounti	Printed Nan	7-1-1-1	M. MAZO  and Signature of Supervi	isor	9	
D. Treconing	Account Title		UACS Code	UACS Code Debit Credit		
C. Certified			D. Approved for Pa	D. Approved for Payment		
Cash available  Subject to Authority to Debit Account (when applicable)  Supporting documents complete and amount claimed proper						
Signature			Signature			
Printed Name			Printed Name	EDGARDO E. TULIN		
Position	Head, Accounting Unit/Authorized Representative		Position	Agency Head/Authorized Representative		
Date			Date			
	f Payment				JEV No.	
Check/ ADA No. :	Da	nte :	Bank Name & Accoun	Bank Name & Account Number:		
Signature:	Date :		Printed Name:		Date	
Official Rece	pt No. & Date/Other Documents					