

## VISAYAS STATE UNIVERSITY

Entity Name

DISBURSEMENT VOUCHER #2021-099

Fund Cluster :

Date: Dec. 01, 2021

DV No. :

Mode of Payment

☐ MDS Check    ☐ Commercial Check    ☐ ADA    ☐ Others (Please specify)

Payee

JOSEFINA M. LARROSA

TIN/Employee No.:

ORS/BURS No.:

Address

VSU Visca Baybay City, Leyte

Particulars	Responsibility Center	MFO/PAP	Amount
Replenishment of expenses incurred of the Pavilion per supporting papers attached in the amount of - - - - -	VSU Pavilion	200010000	26,854.83
<b>Amount Due</b>			<b>26,854.83</b>

A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.

*Josefina M. Larrosa*  
JOSEFINA M. LARROSA  
GHP Manager

B. Accounting Entry:

Account Title	UACS Code	Debit	Credit

C. Certified:

- ☐ Cash available
- ☐ Subject to Authority to Debit Account (when applicable)
- ☐ Supporting documents complete and amount claimed proper

D. Approved for Payment

Signature		Signature	
Printed Name	NICK FREDDY R. BELLO	Printed Name	EDGARDO E. TULIN
Position	OIC HEAD ACCOUNTING	Position	VSU PRESIDENT
	Head, Accounting Unit/Authorized Representative		Agency Head/Authorized Representative
Date		Date	

E. Receipt of Payment

Check/ADA No. :		Date :		Bank Name & Account Number:		JEV No.
Signature :		Date :		Printed Name:	JOSEFINA M. LARROSA	Date

Official Receipt No. & Date/Other Documents