VISAYAS STATE UNIVERSITY Entity Name			Fund Cluster: 7040 - 10 10 - 10	
DISBURSEMENT VOUCHER				Date: Dec.14, 2023
Mode of Payment	MDS Check Commercial Chec	k ADA	Others (Pl	ease specify)
Payee	Saloma B. Gisulga	TIN/Employ	ree No.:	ORS/BURS No.:
Address	Visayas State University, Visca, Baybay City, 1	Leyte		STANDONO NO.
	Particulars	Responsibility Center	MFO/PAP	Amount
for off	ENISHMENT for the purchase of supplies fice use as per supporting papers hereto led in the amount of	ISRDS	50203010	0 00 1369. 1369.
10 .: 7	Amount Due d: Expenses/Cash Advance necessary, lawful and in			1369.0
. Accounti	Printed Name, Designation and	NUÑEZ /Director	rvisor	
. Accounti	Asso. Prof. Printed Name, Designation and	NUÑEZ /Director		Credit
	Printed Name, Designation and ing Entry: Account Title	/Director I Signature of Super	e Debit	Credit
Certified: Cas Sub	Printed Name, Designation and ing Entry: Account Title	D. Approved		Credit
Certified: Cas Sub Sup pr	Printed Name, Designation and ing Entry: Account Title Account Title Account to Authority to Debit Account (when applicable) porting documents complete and amount claimed	D. Approved	e Debit	Credit
Certified: Cas Sub Sub	Printed Name, Designation and ing Entry: Account Title Account Title Account to Authority to Debit Account (when applicable) porting documents complete and amount claimed	NUÑEZ /Director Il Signature of Super UACS Cod D. Approved	e Debit	
Certified: Cas Sub Sup pr	Printed Name, Designation and Asso. Prof. Printed Name, Designation and ing Entry: Account Title Account Title Chavailable ject to Authority to Debit Account (when applicable) porting documents complete and amount claimed oper NICK FREDDY R. BELLO Accountant II	D. Approved Signature Signature Printed Name	for Payment DANIEL Office	LESLIE S. TAN
Certified: Cas Sub Sup pr Signature Printed Name Position Date	Printed Name, Designation and Asso. Prof. Printed Name, Designation and ing Entry: Account Title Account Title Account (when applicable) porting documents complete and amount claimed oper NICK FREDDY R. BELLO Accountant II Head, Accounting Unit/Authorized Representative	D. Approved Signature Signature Printed Name	for Payment DANIEL Office	LESLIE S. TAN
Certified: Cas Sub Sup pr Signature Printed Name Position Date	Printed Name, Designation and Asso. Prof. Printed Name, Designation and ing Entry: Account Title Account Title Account (when applicable) porting documents complete and amount claimed oper NICK FREDDY R. BELLO Accountant II Head, Accounting Unit/Authorized Representative	D. Approved Signature Signature Printed Name Position	for Payment DANIEL Office	LESLIE S. TAN cer-In-Charge uthorized Representative
Certified: Cas Sub Sup pr Signature Printed Name Position	Printed Name, Designation and Asso. Prof. Printed Name, Designation and ing Entry: Account Title Account Title Account (when applicable) porting documents complete and amount claimed oper NICK FREDDY R. BELLO Accountant II Head, Accounting Unit/Authorized Representative	NUÑEZ //Director I Signature of Super UACS Cod D. Approved Signature Printed Name Position Date	for Payment DANIEL Office	LESLIE S. TAN