

## VISAYAS STATE UNIVERSITY

Entity Name

Fund Cluster :

DISBURSEMENT VOUCHER #2021-210

Date: Dec. 06, 2021  
DV No. :

|   |  |                   |               |
|---|--|-------------------|---------------|
| Mode of Payment   | <input type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify) |                   |               |
| Payee   | HMP Vegetables & Sari-Sari Store/<br>HELEN M. PLACA  | TIN/Employee No.: | ORS/BURS No.: |
| Address   | VSU Visca Baybay City, Leyte   |                   |               |
| Particulars   | Responsibility Center  | MFO/PAP           | Amount        |
| Payment of assorted vegetables, spices & seasonings per supporting papers attached in the amount of ----- | VSU Pavilion   | 200010000         | 1,407.00      |
| Amount Due  |  |                   | 1,407.00      |

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

*jmlaros*  
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:               | Date    |
| HELEN M. PLACA                              |        |                             |         |
| Official Receipt No. & Date/Other Documents |        |                             |         |