Appendix 32

# VISAYAS STATE UNIVERSITY

**Entity Name**

**18DISBURSEMENT VOUCHER #2021-203**

**Fund Cluster :**

**Date: Dec.06, 2021**
**DV No. :**

| | |
|---|---|
| **Mode of Payment** | ☐ MDS Check ☐ Commercial Check ☐ ADA ☐ Others (Please specify) |

| | | | |
|---|---|---|---|
| **Payee** | **MCSS CONVENIENCE STORE / Marvin S. Supangan** | TIN/Employee No.: | ORS/BURS No.: |
| **Address** | **VSU Visca Baybay City, Leyte** | | |

| Particulars | Responsibility Center | MFO/PAP | Amount |
|---|---|---|---|
| Payment for beverages per supporting papers attached in the amount of - - - - - | VSU Pavilion | 200010000 | 13,170.00 |
| **Amount Due** | | | **13,170.00** |

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

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**

| | C. | | D. |
|---|---|---|---|
| Signature | | Signature | |
| Printed Name | NICK FREDDY R. BELLO | Printed Name | EDGARDO E. TULIN |
| Position | OIC HEAD, ACCOUNTING<br>Head, Accounting Unit/Authorized Representative | Position | VSU PRESIDENT<br>Agency Head/Authorized Representative |
| Date | | Date | |

**E.** **Receipt of Payment**

| | | | | |
|---|---|---|---|---|
| Check/ ADA No. : | | Date : | Bank Name & Account Number: | JEV No. |
| Signature : | **MCSS CONVENIENCE STORE/ MARVIN S. SUPANGAN** | Date : | Printed Name: | Date |
| Official Receipt No. & Date/Other Documents | | | | |