Visca, Baybay City, Leyte   DISBURSEMENT VOUCHER   Date :April 4, 202: DV No. :						Republic of the Philippines VISAYAS STATE UNIVERSITY						
Mode of Payment								= =				
Mode of Payment								Date :April 4, 2022 DV No. :				
Address Particulars Responsibility Center MFO/PAP Amount  Particulars Responsibility Center MFO/PAP Amount  TO PAYMENT OF HONORARIUM as Project Staff Level 2 of research entitled Enhancing Livelihoods through Forest Landscape Restoration (ASSEM2016/103) for the months of April 1- December 31, 2021, January 1- March 31, 2022 as per supporting documents in the total amount of  Honorarium P 60,000.00  Less: 10% 6,000.00  P 54,000.00  Amount Due P54,000.00  Amount Due P54,000.00  ARTURO E. PASA  Project Leader  Account Title UACS Code Debit Credit  Cash available  Subject to Authority to Debit Account (when applicable)  Subject to Authority to Debit Account (when applicable)  Supporting documents complete and amount claimed  Signature  Printed Name NICK FREDDY R. BELLO  Printed Name NICK FREDDY R. BELLO  Date  Bank Name & Account Number:  Date  Responsibility Center MFO/PAP  Amount  MFO/PAP  Amount  P54,000.00  P64,000.00  P754,000.00  P754	Commence of the second	MDS Cheek										
Particulars  TO PAYMENT OF HONORARIUM as Project Staff Level 2 of research entitled Enhancing Livelihoods through Forest Landscape Restoration (ASEM/2016/103) for the months of April 1- December 31, 2021, January 1- March 31, 2022 as per supporting documents in the total amount of  Honorarium  P 60,000.00  P 54,000.00  Amount Due  A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.  ARTURO E. PASA  Project Leader  ACCOUNTINE  ACCOUNTINE  ACCOUNTINE  ACCOUNT Title  UACS Code  Debit  Credit  Cash available  Cash available  Supporting documents complete and amount claimed  Printed Name  NICK FREDDY R. BELLO  Date  Date  Date:  Bank Name & Account Number:  JEV No.  Date  Signature:  Date  Check/  DANO,  Date:  Bank Name & Account Number:  JEV No.		-		al		TIN/Employe	ee No.:	ORS/BURS No.:				
TO PAYMENT OF HONORARIUM as Project Staff Level 2 of research entitled Enhancing Livelihoods through Forest Landscape Restoration (ASEM/2016/103) for the months of April 1- December 31, 2021, January 1- March 31, 2022 as per supporting documents in the total amount of  Honorarium P 60,000.00 Less: 10% 6,000.00 P 54,000.00  Amount Due  A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.  ARTURO E. PASA Project Leader  Accounting Entry:  Account Title UACS Code Debit Credit  C. Certified:  C. Certified:  Subject to Authority to Debit Account (when applicable)  Supporting documents complete and amount claimed  Signature  Printed Name NICK FREDDY R. BELLO Printed Name NICK FREDDY R. BELLO Date  Bank Name & Account Number:  Date  Receipt of Payment  Chook/ LDAN No.  Date:  Bank Name & Account Number:  JEV No.  JEV	Address	DAS	SS, VSU, Visca, Baybay, Le	eyte			====					
TO PAYMENT OF HONORARIUM as Project Staff Level 2 of research entitled Enhancing Livelihoods through Forest Landscape Restoration (ASEM/2016/103) for the months of April 1 December 31, 2022 as per supporting documents in the total amount of  Honorarium  P 60,000.00 P 54,000.00 P						Responsibility Center	MFO/PAP	Amount				
A Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.  ARTURO E. PASA Project Leader  Account Title  UACS Code  Debit  Credit  Construction  Cash available  Subject to Authority to Debit Account (when applicable)  Supporting documents complete and amount claimed  Signature  Printed Name  NICK FREDDY R. BELLO  Printed Name  NICK FREDDY R. BELLO  Head, Accounting Unit/Authorized Representative  Date  Receipt of Payment  Date:  Bank Name & Account Number:  Signature:  Bank Name & Account Number:  KENNETH ORAIZ  Date	(ASEM/2016/103) for the months of April 1- December 31, 2021, January 1-March 31, 2022 as per supporting documents in the total amount of  Honorarium  Less: 10%  6,000.00					PCAARRD	AND DESCRIPTION OF THE PROPERTY.	₱54,000.0				
ARTURO E. PASA Project Leader  Account Title  Account Title  UACS Code  Debit  Credit  Honorarium  C. Certified:  Subject to Authority to Debit Account (when applicable)  Supporting documents complete and amount claimed  Signature  Printed Name  NICK FREDDY R. BELLO  Head, Accounting Unit/Authorized Representative  Date  Receipt of Payment  Date:  Bank Name & Account Number:  KENNETH ORAIZ  Date	C. Ve	2	Amount Due	5		l S		₱54 000 0				
Honorarium C. Certified:  Cash available  Subject to Authority to Debit Account (when applicable)  Supporting documents complete and amount claimed  Signature  Signature  NICK FREDDY R. BELLO  Head, Accounting Unit/Authorized Representative  Date  Receipt of Payment  Check/ 4DA No.:  Date:  Bank Name & Account Number:  KENNETH ORAIZ  Date  Credit  Approved for Payment  Signature  Signature  Signature  Signature  FDGARDO E. TULIN  Agency Head/Authorized Representative  Date  Date:  KENNETH ORAIZ  Date	B. Account	ing En										
C. Certified:  Cash available  Subject to Authority to Debit Account (when applicable)  Supporting documents complete and amount claimed  Signature  Printed Name  NICK FREDDY R. BELLO  Head, Accounting Unit/Authorized Representative  Date  Date  Date  Bank Name & Account Number:  Signature:  KENNETH ORAIZ  Date	Honorarium		Account Tit	<u>le</u>		UACS Code	e Debit	Credit				
Cash available  Subject to Authority to Debit Account (when applicable)  Supporting documents complete and amount claimed  Signature  Signature  Printed Name  NICK FREDDY R. BELLO  Head, Accounting Unit/Authorized Representative  Date  Date  Receipt of Payment  Check/ ADA No.:  Date:  Bank Name & Account Number:  KENNETH ORAIZ  Date		:				-1.						
Supporting documents complete and amount claimed  Signature  Signature  Printed Name  NICK FREDDY R. BELLO  Head, Accounting Unit/Authorized Representative  Date  Receipt of Payment  Check/ ADA No.:  Signature:  Bank Name & Account Number:  MENNETH ORAIZ  Date			able			D. Approved	for Payment					
Printed Name  NICK FREDDY R. BELLO  Head, Accounting Unit/Authorized Representative  Date  Receipt of Payment  Check/ ADA No.:  Date:  Date:  Date:  Date:  Date:  Date:  KENNETH ORAIZ  Date	Suppo											
NICK FREDDY R. BELLO  Head, Accounting Unit/Authorized Representative  Date  Date  Date:  Bank Name & Account Number:  Date  Signature:  KENNETH ORAIZ  Date	Signature	1	<u> </u>			Signature						
Date  Date  Date  Date:  Bank Name & Account Number:  Signature:  KENNETH ORAIZ  Date	rinted Name	NICK FREDDY R. BELLO				EDGARDO E. TULIN						
Date   Date   Date   Date   Date	Date						Agency Head/Auth	orized Representative				
Check/ ADA No. :  Date : Bank Name & Account Number:  Date : KENNETH ORAIZ  Date		Paym	nent			Date						
KENNETH ORAIZ Date	Check/	Check/ Date:				Bank Name & Account Number:		JEV No.				
fficial Receipt No. & Date/Other Documents					-	KENNETH ORAIZ		Date				