

Fund Cluster:

DOST-NRCP 20201050-10.6.23

Date: October 28, 2021

PAYEE ANA MARQUIZA M. QUILICOT  Address COLLEGE OF VETERINARY MEDICINE, Visayas State University, Visca, Baybay City, Leyte  PARTICULARS  Responsibility Center  To replenish the Van Hire to pick-up survey questionnaires from the the Municipal Agrigulture Office in Silago, Hinunangan, Anahawan, San Juan & Saint Bernard Southern Leyte for research project as per supporting hereto attached in the amount of	DISBURSEMENT VOUCHER					DV No.:			
ANA MARQUIZA M. QUILICOT  Address  COLLEGE OF VETERINARY MEDICINE, Visayas State University, Visca, Baybay City, Leyte  PARTICULARS  PARTICULARS  Responsibility Center  MFO/PAP Amount  To replenish the Van Hire to pick-up survey questionnaires from the the Municipal Agrigulture Office in Silago, Hinunangan, Anahawan, San Juan & Saint Bernard Southern Leyte for research project as per supporting hereto attached in the amount of  Total 5,000.00  A Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision  ANA MARQUIZA M. QUILICOT  Project Leader/Head, IAO  B Accounting Entry  Account Title  UACS Code Debit Credit  C Certified:  D Approved for Payment  Subject to Authority to Debit Account (when Approved	Activities and the second	MDS check Commercial Check					ADA	Others (Specify)	
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Subject to Authority to Debit Account (when Approved		and the same of th				D Approved	for Payment		
	Subject to Authority to Debit Account (when Approved								
Signature: Printed Name:  NICK FREDDY R. BELLO OIC Head, Accounting Division Position  Date  Signature Printed Name EDGARDO E. TULIN President Agency Head/Authorized Representative	Printed Name: Position		NICK FREDDY R. BELLO OIC Head, Accounting Division			Printed Name Position	Agency Head/Authorized		
E Receipt of Payment JEV No.	E Receipt of Payment JEV							JEV No.	
Check/ Date Bank Name & Account Number: ADA No.:	SHOWS THE PARTY OF								
Signature: ANA MARQUIZA M. QUILICOT Date:  Official Receipt N. and Date/Other Documents	The second secon		NAME AND ADDRESS OF TAXABLE PARTY.						