

## VISAYAS STATE UNIVERSITY

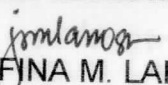
Entity Name

## DISBURSEMENT VOUCHER #2021-208

Fund Cluster :

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                               |
| Payment of assorted vegetables, spices & seasonings per supporting papers attached in the amount of - - - - -                                                                                                                                                                                        |                                                                                                                                                            | VSU Pavilion            | 200010000                             |
| Amount Due                                                                                                                                                                                                                                                                                           |                                                                                                                                                            |                         | 6,596.00                              |
|                                                                                                                                                                                                                                                                                                      |                                                                                                                                                            |                         | 6,596.00                              |
| A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.<br><br><div style="text-align: center;"> <br/> <b>JOSEFINA M. LARROSA</b><br/>           GHP Manager         </div> |                                                                                                                                                            |                         |                                       |
| B. Accounting Entry:                                                                                                                                                                                                                                                                                 |                                                                                                                                                            |                         |                                       |
| Account Title                                                                                                                                                                                                                                                                                        |                                                                                                                                                            | UACS Code               | Credit                                |
|                                                                                                                                                                                                                                                                                                      |                                                                                                                                                            |                         |                                       |
| C. Certified:                                                                                                                                                                                                                                                                                        |                                                                                                                                                            | D. Approved for Payment |                                       |
| <input type="checkbox"/> Cash available<br><br><input type="checkbox"/> Subject to Authority to Debit Account (when applicable)<br><br><input type="checkbox"/> Supporting documents complete and amount claimed proper                                                                              |                                                                                                                                                            |                         |                                       |
| 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                                                                                                                                                                                                                                                                                |                                                                                                                                                            |                         | JEV No.                               |
| Check/ADA No.:                                                                                                                                                                                                                                                                                       |                                                                                                                                                            | Date:                   | Bank Name & Account Number:           |
| Signature:                                                                                                                                                                                                                                                                                           | HELEN M. PLACA                                                                                                                                             | Date:                   | Printed Name:                         |
| Official Receipt No. & Date/Other Documents                                                                                                                                                                                                                                                          |                                                                                                                                                            |                         | Date                                  |