

 VISAYAS STATE UNIVERSITY Entity Name DISBURSEMENT VOUCHER		Fund Cluster : (01) RAF Date: 12/3/2021 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	HYW I.T. DISTRIBUTOR	TIN/Employee No.:	ORS/BURS No.:
Address	Ang Atillo Bldg., Plaridel Ext., Sto. Nino, Cebu City	710-973-835-000	MOOE 02-101101-2021-06-02680
Particulars		Responsibility Center	MFO/PAP
FULL payment for the purchase of supplies/materials per Invoice # <u>0242</u> dated <u>6/21/2021</u> with all the required supporting paper hereto attached in the total amount of Less: 1% GMP: 294.64 5% EWT: <u>1,473.21</u> Net Sales 29,464.29 Add: 12% VAT 3,535.71 *w/ Waiver 33,000.00 P.O # : 2FB-20-56R-022 (GF) PR # : ASSORTED PR's ITEM : IT SUPPLIES <div style="text-align: right;">Amount Due</div>		VARIOUS	VARIOUS
			33,000.00
			1,767.85
			31,232.15
			Warranty Security
			LD
			-
			31,232.15
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. <div style="text-align: center;"> JESSAMINE C. ECLEO Printed Name, Designation and Signature of Supervisor </div>			
B. Accounting Entry:			
Account Title		UACS Code	Debit
C. Certified: <input type="checkbox"/> Cash available <input type="checkbox"/> Subject to Authority to Debit Account (when applicable) <input type="checkbox"/> Supporting documents complete and amount claimed proper		D. Approved for Payment	
Signature		Signature	
Signature Printed Name Position	NICK FREDDY R. BELLO OIC Head, Accounting Unit	Signature Printed Name	EDGARDO E. TULIN President
Date		Date	
E. Receipt of Payment			JEV No.
Check/ ADA No. :		Date :	Bank Name & Account Number:
Signature :	HYW I.T. DISTRIBUTOR	Date :	Printed Name:
Official Receipt No. & Date/Other Documents			Date