## VISAYAS STATE UNIVERSITY

**Entity Name** 

Fund Cluster	:

Date: September 14, 2022
DV No.:

DISBURSEMENT VOUCHER					DV No. :	
Mode of Payment	MDS Check Commercial Check	ADA	Others	(Please specif	<b>ÿ</b> )	
Payee	AGAP, Inc.	TIN/Er	mplyee No.:	ORS	ORS/BURS No.:	
Address	Baybay City, Leyte					
	Particulars	-	ponsibility Center	MFO/PAP	Amount	
Conventio	for the Registration Fee for the AGAP Annual on on Oct. 19–22, 2022.				P 20,000.00	
	Amount Due	e			p 20,000.00	
B. Accounting		stration and Finan				
	Account Title	UACS Cod	UACS Code De		Credit	
Training Ex	penses	50202010 0		20,000.00	20,000.00	
C. Certified:		D. Approved	d for Paymen	t		
Subje	available ect to Authority to Debit Account (when applicable) orting documents complete and amount claimed per					
Signature		Signature				
Printed Name NICK FREDDY R. BELLO		Printed Name	;	EDGARDO E. TULIN		
Position	Accountant II	Position		President		
	OIC Head, Accounting Unit/Authorized Representative		Age	Agency Head/Authorized Representative		
Date		Date				
Check/ ADA No. :	Payment	Bank Name &	Account Nur	JEV mber	No.	
Signature :		Printed Name:		Date		
Official Recei	ipt No. & Date/Other Documents					