Appendix 32



Republic of the Phillipines VISAYAS STATE UNIVERSITY Visca, Baybay City Leyte

Fund Cluster:

Payment MDS Check Commercial Check ADA Others (Please specify) Payee VSU FUEL STATION TIN/Employee No.: ORS/BURS No.: Particulars Responsibility MFO/PAP Amount PAYMENT of gasoline use for weeding & cutting grass CVM Bldg. C for the month of November and 1,575.00 December 2021 per supporting paper hereto attached 1,575.00 Amount Due 1,5 Amount Due 1,5 Amount Due 1,5 Accounting Entry: Account Title UACS Code Debit Credit C. Certified: D. Approved for Payment Cash available Su Supporting documents complete and amount claimed proper Signature Signature Printed Name NICK FREEDY R. BELLO Name Printed Name NICK FREEDY R. BELLO Position Position Head, Accounting Unit/Authorized Representative Date Date Printed Name Date Date Printed Name Date Date Date Date	DISBURSEMENT VOUCHER					Date : Nov. 26, 2021 DV No. :	
Payee VSU FUEL STATION TIN/Employee No.: ORS/BURS No.: Address Particulars Responsibility MFO/PAP Amount PAYMENT of gasoline use for weeding & cutting grass CVM Bldg, C for the month of Novemeber and December 2021 per supporting paper hereto attached Amount Due 1,575.00 Amount Due 1,575.00 Amount Due 2,500 Amount Due 3,575.00 Printed Name, Designation and Signature of Supervise Date 2,500 Su Supporting documents complete and amount claimed proper Signature Printed Name NICK FREEDY R. BELLO Name EDGARDO E. TULIN President Agency Head/Authorized Representative Date Date Date Date Printed Name Account Number: Date Date Printed Name Account Number: Date Date Date Date Date Date Date Date	Mode of Payment	MDS Check Commerc	cial Check	ADA	Others (Pl	ease specify)	
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Particulars Responsibility MFO/PAP Amount PAYMENT of gasoline use for weeding & cutting grass CVM Bldg. C for the month of November and December 2021 per supporting paper hereto attached Amount Due 1,575,00 Account Multiple Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. EUGENE B. LANADA Dept. Head DVPCS, CVM Printed Name, Designation and Signature of Supervise B. Accounting Entry: Account Title UACS Code Debit Credit C. Certified: Subject to Authority to Debit Account (when applicable) Su Supporting documents complete and amount claimed proper Signature Printed Name NICK FREEDY R. BELLO Accountant Position Head, Accounting Unit/Authorized Representative Date Date Date Bank Name & Account Number: Date Printed Name: Date Date Date Printed Name: Date		VSU, Visca, Baybay City, Leyte					
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EUGENE B. LANADA Dept. Head DVPCS, CVM Printed Name, Designation and Signature of Supervisor. Account Title UACS Code Debit Credit C. Certified: D. Approved for Payment Cash available Subject to Authority to Debit Account (when applicable) Su Supporting documents complete and amount claimed proper Signature Printed Name Printed Name Position Accountant Head, Accounting Unit/Authorized Representative Date E. Receipt of Payment Date		Amount Due				1,575.0	
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