

VISAYAS STATE UNIVERSITY  
VSU, Baybay City, Leyte

PHILIPPINE ROOT CROP  
RESEARCH & TRAINING CENTER

Visca, Baybay City, Leyte  
Phone/Fax 463 53 56372  
Email philrootcrops@vsu.edu.ph  
Website https://philrootcrops.vsu.edu.ph

Fund Cluster:  
20201050-10.114  
Date: Dec. 10, 2021  
DV No.:

## DISBURSEMENT VOUCHER

Mode of Payment	<input type="checkbox"/> MDS Check	<input type="checkbox"/> Commercial Check	<input type="checkbox"/> ADA	<input type="checkbox"/> Others (Please specify)
Payee	YU, MONAFE M.			TIN/Employee No.: Dec. 31, 2021
Address	PhilRootcrops, VSU, VISCA, Baybay City, Leyte			

PARTICULARS	Responsibility Center	MFO/PAP	Amount
To payment of services as Sci. Res. Assistant of 20201050-10.114 during the period from Dec. 16-31, 2021 per supporting papers attached in the amount of ..... X-X-X-X-X TO WHOM THIS MAY CONCERN:  THIS IS TO CERTIFY that Mr./Ms. YU, Monafe M. has very satisfactorily rendered services at PhilRootcrops for the period	PhilRootcrops		12,390.60

A.! Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.

This is to certify further that the request for withdrawal of the amount already 100% accounted for by the Project Leader.

**DANIEL LESLIE S. TAN**  
Printed Name, Designation and Signature of Supervisor

B.1 Accounting Entry:		This certification is issued in support of his/her claim to withdraw the amount	
Account Title	UACS Code	Debit	Credit

C.! Certified:	D.! Approved for Payment
<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	DANIEL LESLIE S. TAN Project Leader

Signature	Signature
Printed Name	Printed Name
Position	Position
Date	Date

E.! Receipt of Payment	JEV No.
Check/ ADA No.:	Bank Name & Account Number:
Signature:	Printed Name:
	YU, MONAFE M.

Official Receipt No. & Date/Other Documents