VISAYAS STATE UNIVERSITY						Fund Cluster :
Entity Name						
DISBURSEMENT VOUCHER						Date : Aug. 18, 2025 DV No. :
Mode of Payment MDS Check Commercial Check ADA Others (Please specify)						
Payee	ED ALLAN L. ALCOBER			TIN/Employee No.:		ORS/BURS No.:
Address VSU, Visca, Baybay City Leyte						
Particulars				onsibility enter	MFO/PAP	Amount
To REIMBURSEMENT of travel expenses to Caluwayan Palm, Island Resort, Marabut, Eastern Samar to participate in the meeting and planning of regional seednet members from July 17-18, 2025 as per supporting documents hereto attached			2040	1010-163	,	900.00
	Amount Due					900.00
SUZETTE B. LINA, Ph.D. Printed Name, Designation and Signature of Supervisor						
B. Accounting Entry:						
Account Title			1.	UACS Code Debi		Credit
C. Certified:			D.	D. Approved for Payment		
Cash available Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed proper						
Signature		5	Signature			
Printed Name	A STATE OF THE STA		Pri	nted Name	PROSE IVY G. YEPES	
Position Head, Accounting Office			Position	President		
Toshion	Head, Accounting Unit/Authorized Representative			1 OSITION	Agency Head/Authorized Representative	
Date	Date			Date		
E. Receipt of Payment JEV No.						
Check/ ADA No.:	Date :			Bank Name & Account Number:		
Signature :	ignature : Date :		Prin	Printed Name:		Date
Official Rece	ipi No. & Date/Other Documents					