



## VISAYAS STATE UNIVERSITY Entity Name

Fund Cluster:

Trust Fund

March 20,2023

| DISBURSEMENT VOUCHER  |   |   |                     |                                       | DV No.:       |  |
|---|---|---|---------------------|---------------------------------------|---------------|--|
| Mode of<br>Payment  | MDS Check Com                                   | mercial Check   | ADA [               | Others (Plea                          | se specify)   |  |
| Payee   | Dr. Ma. Theresa P. Loreto                       |   | TIN/Employee        | e No.:                                | ORS/BURS No.: |  |
| Address   | VSU, Baybay City, Leyte                         | 4   |                     |                                       |               |  |
| Particulars   |   | Responsibility<br>Center                              | MFO/PAP             | Amount                                |               |  |
| Payment of honorarium as Scholarship Staff of the VSU- DA Biotech Scholarship program from Jan. 1, 2023 to Feb. 28, 2023 in the amount of ₱2,000.00 per month as per supporting papers hereto attached  Total amount - 4,000.00 Less:w/tax 1,000.00 |   | DA-Biotech<br>Scholarship Program<br>20201050-10.79.1 | 301000000           | 3,000.00                              |               |  |
| Net amount:   | 3,000.00 <b>Amount Due</b>                      |   |                     |                                       | 3,000.00      |  |
| ANABELLA B. TODIN  Printed Name, Designation and Signature of Supervisor  B. Accounting Entry:  |   |   |                     |                                       |               |  |
| Account Title   |   |   | UACS Cod            | de Debit Credit                       |               |  |
|   |   |   |                     |                                       |               |  |
| C. Certified:   |   |   | D. Approve          | D. Approved for Payment               |               |  |
| Cash available Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed proper  |   |   |                     |                                       | · .           |  |
| Signature   |   |   | Signature           |                                       |               |  |
| Printed<br>Name   |   |   | Printed<br>Name     | EDGARDO E. TULIN                      |               |  |
| Position  | Head, Accounting Unit/Authorized Representative |   | Position Date       | Agency Head/Authorized Representative |               |  |
| Date  |   |   | Date                |                                       | JEV No.       |  |
| Check/<br>ADA No.   | 1   | Date :  | Bank Name & Number: | & Account                             | 10.           |  |
| Signature   |   | Date:   | Printed Name        | e:                                    | Date          |  |
| Official Re   | ceipt No. & Date/Other Documents                |   |                     |                                       |               |  |