

	VISAYAS STATE UNIVE	RSITY		Fund Cluster :
Entity Name DISBURSEMENT VOUCHER				Date : Nov. 26, 2021 DV No. :
Mode of Payment	MDS Check Commercial Chec	ek ADA	Others (Please	e specify)
Payee	VICTOR B. ASIO	TIN/Employee	No.:	ORS/BURS No.:
Address	VSU, Baybay City, Leyte			
	Particulars	Responsibility Center	MFO/PAP	Amount
ASTHRDP	orarium as Project Leader of DOST- in the total amount of nber 2021 @ 8,800 * 6 Months 2,640.00	CAFS-DOST DOST-ASTHRDP 101T 416-10.6.7	,	52,800.0 2,640.0
	Amount Due			50,160.00
	Printed Name, Designation	S. BÉLONIAS n and Signature of Sup	ervisor	
B. Account	Printed Name, Designation ing Entry: Account Title			Credit
B. Account	ing Entry:	n and Signature of Sup		Credit
C. Certified	ing Entry: Account Title	n and Signature of Sup UACS Code		Credit
C. Certified Ca: Sul	ing Entry: Account Title	UACS Code D. Approved	Debit	Credit
C. Certified Ca: Sul	Account Title Account Title Shavailable bject to Authority to Debit Account (when applica pporting documents complete and amount claimed proper	D. Approved	Debit for Payment	
C. Certified Ca: Sul Sul Sup F Signature Printed	ing Entry: Account Title Sh available Diect to Authority to Debit Account (when applicate poporting documents complete and amount claimed	D. Approved Signature Printed Name Position	Tor Payment EDGA	RDO E. TULIN President
C. Certified Ca: Sul Sul Sup Printed Name	Account Title Account Title Sh available bject to Authority to Debit Account (when applica poporting documents complete and amount claimed roper NICK FREDDY R. BELLO Accountant	D. Approved Signature Printed Name Position	Tor Payment EDGA	RDO E. TULIN President
C. Certified Ca: Sul Sul Sup Signature Printed Name Position Date E. Receipt of Check/	Account Title Account Title Sh available bjeet to Authority to Debit Account (when applica porting documents complete and amount claimed roper NICK FREDDY R. BELLO Accountant Head, Accounting Unit/Authorized Represent	D. Approved Signature Printed Name Position Date	Tor Payment EDGA	RDO E. TULIN
C. Certified Ca. Sul Sul Signature Printed Name Position Date E. Receipt of	Account Title Account Title Sh available bject to Authority to Debit Account (when applica poporting documents complete and amount claimed proper NICK FREDDY R. BELLO Accountant Head, Accounting Unit/Authorized Represent	D. Approved Signature Printed Name Position Date	Debit For Payment EDGA Agency Head/A	RDO E. TULIN President uthorized Representative