

 <div style="text-align: center;"> VISAYAS STATE UNIVERSITY Entity Name DISBURSEMENT VOUCHER </div>		Fund Cluster :	
		PCC Date: 12/28/2021 DV No. :	
Mode of Payment	<input type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify)		
Payee	EBR MARKETING CORPORATION	TIN/Employee No.:	ORS/BURS No.:
Address	Lilia Avenue, Cogon, Ormoc City, Leyte	004-305-869-003	02-2021-11-202
Particulars		Responsibility Center	Amount
FULL payment for the purchase of supplies/materials per Invoice # <u>55614</u> dated <u>12/2/2021</u> with all the required supporting paper hereto attached in the total amount of <div style="text-align: right;"> Less: 1% GMP: 22.77 5% EWT: <u>113.84</u> Net Sales 2,276.79 Add: 12% VAT <u>273.21</u> <u>2,550.00</u> </div>		05-010-00000-04-11	2,550.00
			136.61
			2,413.39
P.O # : PO-TF-2021-11-0482 PR # : TF-2021-09-00937 ITEM : Transmission Fluid <div style="text-align: right;">Amount Due</div>		010-00000-04-11 Warranty Security LD	-
			2,413.39
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. <div style="text-align: center;"> JESSAMINE C. ECLEO Head, Office of the Head for Procurement </div>			
B. Accounting Entry:			
Account Title		UACS Code	Debit
C. Certified: <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		D. Approved for Payment	
Signature	NICK FREDDY R. BELLO OIC Head, Accounting Unit	Signature	EDGARDO E. TULIN President
Printed Name		Printed Name	
Position			
Date		Date	
E. Receipt of Payment			JEV No.
Check/ ADA No. :	Date :	Bank Name & Account Number:	
Signature :	Date :	Printed Name:	
EBR MARKETING CORPORATION			
Official Receipt No. & Date/Other Documents			