

 <div style="text-align: center;"> <b>VISAYAS STATE UNIVERSITY</b>  <b>Entity Name</b> </div> <div style="text-align: center; margin-top: 10px;"> <b>DISBURSEMENT VOUCHER</b> </div>		<b>Fund Cluster :</b> Trust Fund	
		<b>11-Jan-24</b>	
		<b>DV No. :</b>	
<b>Mode of Payment</b> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> MDS Check         <input type="checkbox"/> Commercial Check         <input type="checkbox"/> ADA         <input type="checkbox"/> Others (Please specify)       </div>			
<b>Payee</b> <b>Dr. Ma. Theresa P. Loreto</b>		<b>TIN/Employee No.:</b>	
<b>Address</b> <b>VSU, Baybay City, Leyte</b>		<b>ORS/BURS No.:</b>	
<b>Particulars</b>		<b>Responsibility Center</b>	<b>MFO/PAP</b>
Payment of honorarium as Co-Project Leader of the VSU- DA Biotech Scholarship program from (October 1, 2023 to December 31, 2023) in the amount of ₱2,000.00/month as per supporting papers hereto attached...		DA-Biotech Scholarship Program 20201050-10.79.1	301000000
Total amount - 6,000.00 Less:w/tax 1,500.00 Net amount: 4,500.00			<b>4,500.00</b>
<b>Amount Due</b>			<b>4,500.00</b>
<b>A.</b> Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.			
<b><u>ANABELLA B. TULIN</u></b> Printed Name, Designation and Signature of Supervisor			
<b>B.</b> Accounting Entry:			
<b>Account Title</b>		<b>UACS Code</b>	<b>Debit</b>
<b>C. Certified:</b> <div style="margin-top: 5px;"> <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         </div>		<b>D. Approved for Payment</b>	
<b>Signature</b>		<b>Signature</b>	
<b>Printed Name</b>	<b>NICK FREDDY R. BELLO</b>	<b>Printed Name</b>	<b>DANIEL LESLIE S. TAN</b>
<b>Position</b>	Head, Accounting Unit/Authorized Representative	<b>Position</b>	Agency Head/Authorized Representative
<b>Date</b>		<b>Date</b>	
<b>E. Receipt of Payment</b>			<b>JEV No.</b>
Check/ ADA No. :	Date :	Bank Name & Account Number:	Date
Signature :	Date :	Printed Name:	
Official Receipt No. & Date/Other Documents			