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|--|--|--------|--------------------------------|--|----------------------------------|
|  | VISAYAS STATE UNIVERSITY Entity Name | | | Fund Cluster : (01) RAF | |
| | DISBURSEMENT VOUCHER | | | Date: 12/23/2021 | |
| | | | | 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 | BAYBAY PRINTSHOP | | TIN/Employee No.: | | ORS/BURS No.: |
| Address | R. Magsaysay Avenue, Baybay City | | 183-801-468-003 | | MOOE 02-101101- 2021-10-05458 |
| Particulars | | | Responsibility Center | MFO/PAP | Amount |
| FULL payment for the purchase of supplies/materials per Invoice # <u>1487</u> dated <u>12/7/2021</u> with all the required supporting paper hereto attached in the total amount of Less: 1% GMP: 124.55 5% EWT: <u>622.77</u> <div style="display: flex; justify-content: flex-end;"> Net Sales 12,455.36 Add: 12% VAT 1,494.64 <hr style="width: 100px; margin-left: auto;"/> 13,950.00 </div> | | | VSU-HSO | 200010000 | 13,950.00 |
| | | | | | 747.32 |
| | | | | | 13,202.68 |
| | | | | Warranty Security | |
| | | | | LD | - |
| Amount Due | | | | | 13,202.68 |
| A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. | | | | | |
| JESSAMINE C. ECLEO Head, Office of the Head for Procurement | | | | | |
| B. Accounting Entry: | | | | | |
| Account Title | | | UACS Code | Debit | |
| | | | | | |
| C. Certified: | | | D. Approved for Payment | | |
| <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 | | | | | |
| Signature | | | Signature | | |
| Signature Printed Name Position | NICK FREDDY R. BELLO OIC Head, Accounting Unit | | Signature Printed Name | EDGARDO E. TULIN President | |
| Date | | | Date | | |
| E. Receipt of Payment | | | | | JEV No. |
| Check/ ADA No. : | | Date : | Bank Name & Account Number: | | |
| Signature : | BAYBAY PRINTSHOP | Date : | Printed Name: | | Date |
| Official Receipt No. & Date/Other Documents | | | | | |