	VISAYAS STATE UNIVERS Entity Name DISBURSEMENT VOL			Fund Cluster: 101 Trust(20401010-105) Date: Aug. 2, 2023 DV No.:
Iode of avment	MDS Check Commercial Check		Others (Please	specify)
•	Saloma B. Gisulga	TIN/Employee N	No.:	ORS/BURS No.:
ayee	Visayas State University, Visca, Baybay City, L	eyte		
ddress		Responsibility		
	Particulars	Center	MFO/PAP	Amount 3061.4
for offic	ENISHMENT for the purchase of supplies the use as per supporting papers hereto and in the amount of	ISRDS	50203010 00	3011,45 3011,45 308240 3,011,95
		B. NUÑEZ f./Director	visor	
B. Account	LILIAN I Asso. Pro	B. NUÑEZ f./Director		Credit
C. Certifie	Asso. Pro Printed Name, Designation at ting Entry: Account Title	f./Director nd Signature of Superv	e Debit	Credit
C. Certifie	Asso. Pro Printed Name, Designation and ting Entry: Account Title	J. NUÑEZ of./Director od Signature of Superv UACS Code D. Approved ole)	e Debit	Credit
C. Certifie	Printed Name, Designation and thing Entry: Account Title d: ash available abject to Authority to Debit Account (when applicable apporting documents complete and amount claimed proper	J. Approved	e Debit	Credit
C. Certifie	Printed Name, Designation and thing Entry: Account Title d: ash available abject to Authority to Debit Account (when applicable apporting documents complete and amount claimed proper	J. NUÑEZ of./Director od Signature of Superv UACS Code D. Approved ole)	for Payment EDGA	ARDO E. TULIN
C. Certifie Ca Su Su Signature Printed	Printed Name, Designation and thing Entry: Account Title d: ash available abject to Authority to Debit Account (when applicate apporting documents complete and amount claimed proper	D. Approved Signature Printed Name Position	for Payment EDGA	
C. Certifie Ca Su Su Signature Printed Name	Account Title d: ash available abject to Authority to Debit Account (when applicable) apporting documents complete and amount claimed proper NICK FREDDY R. BELLO Accountant II	D. Approved Signature Printed Name Position	for Payment EDGA	ARDO E. TULIN President Authorized Representative
C. Certifie Ca St St Signature Printed Name Position Date	Account Title d: ash available abject to Authority to Debit Account (when applicable) apporting documents complete and amount claimed proper NICK FREDDY R. BELLO Accountant II Head, Accounting Unit/Authorized Represent	D. Approved Signature Printed Name Position Date	for Payment EDGA Agency Head/A	ARDO E. TULIN President Authorized Representative
C. Certifie Ca St St Signature Printed Name Position Date	d: ash available abject to Authority to Debit Account (when application proper NICK FREDDY R. BELLO Accountant II Head, Accounting Unit/Authorized Represent: t of Payment Date:	D. Approved Signature Printed Name Position Date	for Payment EDGA Agency Head/A	ARDO E. TULIN President Authorized Representative