Appendix 32

| VISAYAS STATE UNIVERSITY Entity Name DISBURSEMENT VOUCHER | | | | | Fund Cluster: | |
|---|---|---------|-------------------------------|----------------------|---------------------------------------|--|
| | | | | | Date: Dec.10,2021 | |
| | | | | | Dutc. 10,2021 | |
| Mode of Payment | | | | | | |
| Payee | Payee VSU Pavilion | | TIN/Employee No. ORS/BURS No. | | | |
| Address VSU Visca Baybay City, Leyte | | | | | | |
| Paticulars | | | Responsibility Center | MFO/PAF | Amount | |
| Payment for snacks per supporting papers attached in the amount of Amount Due | | | 101T20201050- 10.13.43 | | 1,400.00 | |
| | | | | | 1,400.00 | |
| A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. | | | | | | |
| B. Accounting | z Entry: | | R. MONTES JR. Leader | | | |
| Account Title | | | UACS Code | Debit | Credit | |
| 3 | | | | | | |
| C. Certified: | | | D. Approved for Payment | | | |
| Cash Available Subject to Authorithy to Debit Account (when applicable) Supporting documents complete and amount claimed proper | | | | / | | |
| Signature | Signature | | Signature | | | |
| Printed Name | | | Printed Name | | | |
| Position | ACCOUNTANT | | Position | UNIVERSITY PRESIDENT | | |
| Position | Head, Accounting Unit/Authorized Representative | | FOSITION | Agency Head | Agency Head/Authorized Representative | |
| DATE | | | DATE | | | |
| E. Receipt Payment | | | The Page 1 | | JEV No. | |
| Check/ ADA No.: | * | Date: | Bank Name & Account Number | | | |
| Signature: | VSU PAVILION | Date: | Printed Name: | | Date: | |
| Official Pecain | No & Date/Other Do | ruments | | | | |