	VISAYAS STATE UNIVER	SITY		Fund Cluster:
DISBURSEMENT VOUCHER				Date : November 22, 2021 DV No. 2
Mode of	MDS Check Commercial Check	□ADA [Others (Plea	ase specify)
ayment	MARVIN M. BORNIAS	TIN/Employee ?	No.:	ORS/BURS No.:
Payee				
Address	BAYBAY CITY, LEYTE	200 TO 14 14 70 TO 15		The state of the s
	Particulars	Responsibility Center	MFO/PAP	Amount
Reimbursement of traveling expenses incurred during the monitoring of YRRP projects as per attached documents as of September, October and November 2021.		Results-Based Monitoring and Evaluation (20201050- 50)		5,550,00
	Amount Duc			5,550.00
3. Account		nd Extension	T was	Contract of the Contract of th
3. Account	VP for Research a		Debit	Credit
	VP for Research a ing Entry: Account Title	nd Extension UACS Code	-	Credit
C. Certified Ca	VP for Research a ing Entry: Account Title	UACS Code	-	Credit
C. Certified Ca	ting Entry: Account Title Account Title Account Title Account Title Account Title Account Title	UACS Code	-	Credit
C. Certifies C. Su Su Su	ting Entry: Account Title Account Title Account Title Account Title Account Title Account Title	UACS Code D. Approved	for Payment	Credit
C. Certified Ca Su Su Su Printed	ing Entry: Account Title	UACS Code D. Approved	for Payment	
C. Certified Ca Su Su Su Printed Name	ing Entry: Account Title Account Title Account Title Account Title Account (when applicab poorting documents complete and amount claimed proper NICK FREDDY R. BELLO OIC-Head, Accounting Unit/Authorized	UACS Code D. Approved	for Payment	OGARDO E. TULIN
C. Certified Ca Su Su Signature Printed Name Position Date	ing Entry: Account Title Account Title Account Title Account Title Account (when applicab poorting documents complete and amount claimed proper NICK FREDDY R. BELLO OIC-Head, Accounting Unit/Authorized	UACS Code D. Approved Signature Printed Name Position	for Payment	OGARDO E. TULIN
C. Certified Ca Su Su Signature Printed Name Position Date	ting Entry: Account Title Account Title Account Title Account Title Account Title Account Title Account (when applicable) Account (when applicable) Account (when applicable) Account Title Account Title Account (when applicable) Account (when applicable) Account (when applicable) Account Title	UACS Code D. Approved Signature Printed Name Position	for Payment	OGARDO E. TULIN President, VSU