NAS ST	VISAYAS STATE UNIVERSITY  Entity Name  DISBURSEMENT VOUCHER						Fund Cluster:
EVERS							Trust Fund 10-Jan-23 DV No.:
Mode of MDS Check Commercial Check ADA Others (Please specify)							
Payee Jenjen L. Magparok			Т	TIN/Employee No.:		ORS/BURS No.:	
Address	VSU, Baybay City	, Leyte					
				Res	sponsibility Center	MFO/PAP	Amount
110 TEHICHISH CHAQUAUON CAPOLISOS				1	1050-10.79.1 A Biotech	301000000	1,750.00
Amount Due				opplications and			1,750.00
		Printed 1	ANABELL. Name, Designation			rvisor	
B. Accounting Entry:					UACS Code Debit		Credit
	Acc	count Title			GACS COLC	Den	CI CCI I
C. Certified:					D. Approved for Payment		
Cash available Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed proper							
Signature				Signature			
Printed Nan	rinted Name  NICK FREDDY R. BELLO				Printed Name	EDGARDO E. TULIN	
Position Head, Accounting Unit/Authorized Representative				itive	Position	Agency Head/Authorized Representative	
Date					Date		JEV No.
E. Receipt of Payment Check/ Date:				Bank Name & Account Number:		JEV NO.	
ADA No.	Date ·			Printed Name:		Date	

Official Receipt No. & Date/Other Documents