

 VISAYAS STATE UNIVERSITY Entity Name DISBURSEMENT VOUCHER		Fund Cluster : (01) RAF Date: 12/9/2021 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	N.N. ALCALA STORE Tres Martires Street, Baybay, Western Leyte		TIN/Employee No.: 168-331-936-000
Address			ORS/BURS No.: MOOE 02-101101-2021-10-04866
Particulars		Responsibility Center	Amount
FULL payment for the purchase of supplies/materials per Invoice # <u>5484</u> dated <u>10/25/2021</u> with all the required supporting paper hereto attached in the total amount of Less: 1% GMP: 26.79 5% EWT: <u>133.93</u> Net Sales 2,678.57 Add: 12% VAT 321.43 3,000.00		COPE CHP	3,000.00 160.72 2,839.28
P.O # : PO-GF-MOOE-2021-10-0427 PR # : GF-2021-07-00554 ITEM : OTHER SUPPLIES		304000000 Warranty Security LD	- 2,839.28
Amount Due			
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. <div style="text-align: center;"> JESSAMINE C. ECLEO Printed Name, Designation and Signature of Supervisor </div>			
B. Accounting Entry:			
Account Title		UACS Code	Debit
C. Certified: <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		D. Approved for Payment	
Signature Printed Name Position	NICK FREDDY R. BELLO OIC Head, Accounting Unit	Signature Printed Name	EDGARDO E. TULIN President
E. Receipt of Payment			JEV No.
Check/ADA No. :	Date :	Bank Name & Account Number:	
Signature :	Date :	Printed Name:	
N.N. ALCALA STORE			
Official Receipt No. & Date/Other Documents			