February 13, 2024. Amount Due A Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. MANUEL D. GACUTAN, JR. Printed Name, Designation and Signature of Supervisor B. Accounting Entry: Account Title UACS Code Debit Credit Credit Credit Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed proper Signature Printed Name NICK FREDDY R. BELLO Position Head, Accounting Unit/Authorized Representative Date Receipt of Payment Date: Bank Name & Account Number: Signature: Date Printed Name: Date Date: Printed Name: Date	VISAYAS STATE UNIVERSITY Entity Name DISBURSEMENT VOUCHER						Fund Cluster : GF Date : 3/7/2024 DV No. :
Payment for travel (per diem) to Tacloban City on February 13, 2024. Payment for travel (per diem) to Tacloban City on February 13, 2024. Higher Education DAS A.III.b.1 450.0			MDS Check Commer	cial Check	ADA	Others (Pleas	se specify)
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Printed Name NICK FREDDY R. BELLO Printed Name DANIEL LESLIE S. TAN Position Head, Accounting Unit/Authorized Representative Date Date E. Receipt of Payment JEV No. Check/ ADA No.: Signature: Date: Printed Name: Date	Cash available Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed				D. Approved	for Payment	
Name NICK FREDDY R. BELLO Printed Name DANIEL LESLIE S. TAN Position Head, Accounting Unit/Authorized Representative Date Date E. Receipt of Payment JEV No. Check/ ADA No.: Signature: Date: Printed Name: Date					Signature		
Position Head, Accounting Unit/Authorized Representative Date Date Date Date: Position President	Control of the Contro			Printed Name	DANIEL	LESLIE S. TAN	
Date E. Receipt of Payment Check/ ADA No.: Date: Bank Name & Account Number: Date: Printed Name: Date	500-5 440	Position			Position	President	
Check/ ADA No. : Date : Bank Name & Account Number: Date : Printed Name: Date	Dat					Agency Head/Authorized Representative	
Check/ ADA No. : Date : Bank Name & Account Number: Date : Printed Name: Date	E. Rec	eipt of	Payment		2000		LIEV No.
	Che	Date.			Bank Name &	Account Number:	
Official Receipt No. & Date/Other Documents				1	Printed Name:		Date