

 VISAYAS STATE UNIVERSITY Entity Name		Fund Cluster : (01) RAF	
DISBURSEMENT VOUCHER		Date: 12/27/2021 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 Address	NOVEAULAB ASIA CORP. Unit 105 DSL Bldg. 380 Del Monte Ave., San Francisco Del Monte, Quezon City		TIN/Employee No.: 009-462-420-000 ORS/BURS No.: CO 06-101409-2021-02-00687
Particulars		Responsibility Center	MFO/PAP
FULL payment for the purchase of supplies/materials per Invoice # <u>2259</u> dated <u>11/29/2021</u> with all the required supporting paper hereto attached in the total amount of Less: 1% GMP: <u>11,102.25</u> 5% EWT: <u>55,511.25</u> Net Sales <u>1,110,225.00</u> Add: 12% VAT <u>133,227.00</u> <u>1,243,452.00</u> P.O #: GOODS-21-06-008 (GF) PR #: ASSORTED PR's ITEM : LAB. SUPPLIES <div style="text-align: right;">Amount Due</div>		OVPA;DPBG	301000000
			1,243,452.00
			66,613.50
			1,176,838.50
			11,768.39
		Warranty Security	LD
			-
			1,165,070.12
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. <div style="text-align: center;"> JESSAMINE C. ECLEO Head, Office of the Head for Procurement </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	Signature Printed Name		
NICK FREDDY R. BELLO OIC Head, Accounting Unit		EDGARDO E. TULIN President	
Date		Date	
E. Receipt of Payment			JEV No.
Check/ADA No. :	Date :	Bank Name & Account Number:	
Signature :	Date :	Printed Name:	
NOVEAULAB ASIA CORP.			
Official Receipt No. & Date/Other Documents			