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|  | VISAYAS STATE UNIVERSITY Entity Name | | | Fund Cluster : (01) RAF | |
| | DISBURSEMENT VOUCHER | | | Date: 12/23/2021 | |
| | | | | 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 | LEYTE Paperworld (Main) | | TIN/Employee No.: 102-721-983-000 | | ORS/BURS No.: MOOE 02-101101- 2021-09-04818 |
| Address | 168 M.H. Del Pilar Street, Tacloban City | | | | |
| Particulars | | | Responsibility Center | MFO/PAP | Amount |
| FULL payment for the purchase of supplies/materials per Invoice # <u>1846-48;4185</u> dated <u>12/7/2021</u> with all the required supporting paper hereto attached in the total amount of Less: 1% GMP: 1,201.79 5% EWT: 6,008.94 <div style="display: flex; justify-content: flex-end;"> Net Sales 120,178.88 Add: 12% VAT 14,421.47 <hr style="width: 100px; margin-left: auto;"/> 134,600.35 </div> | | | VARIOUS | VARIOUS | 134,600.35 |
| | | | | | 7,210.73 |
| | | | | | 127,389.62 |
| | | | | | 1,273.90 |
| | | | | | 1,346.00 |
| Amount Due | | | | | 124,769.72 |
| 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 | | | Signature | | |
| Signature Printed Name Position | NICK FREDDY R. BELLO OIC Head, Accounting Unit | | Signature Printed Name | EDGARDO E. TULIN President | |
| Date | | | Date | | |
| E. Receipt of Payment | | | | | JEV No. |
| Check/ ADA No. : | | Date : | Bank Name & Account Number: | | |
| Signature : | LEYTE Paperworld (Main) | Date : | Printed Name: | | Date |
| Official Receipt No. & Date/Other Documents | | | | | |