

 <b>VISAYAS STATE UNIVERSITY</b> Entity Name		<b>Fund Cluster :</b> <b>(07) TR</b> <b>Date: 12/28/2021</b> <b>DV No. :</b>	
<b>DISBURSEMENT VOUCHER</b>			
Mode of Payment	<input type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify)		
Payee	<b>PALM PHOTO &amp; PRINT SHOP</b>	TIN/Employee No.:	ORS/BURS No.:
Address	VSU Market, Baybay City, Leyte	<b>919-695-936-000</b>	21-09-1741
Particulars		Responsibility Center	MFO/PAP
<b>FULL</b> payment for the purchase of supplies/materials per Invoice # <u>0099</u> dated <u>12/6/2021</u> with all the required supporting paper hereto attached in the total amount of .....  <div style="text-align: right;">           Less: 2% GMP:            187.80            1% EWT:                <u>93.90</u> </div>		101T20201050-10.93	(07) TR
			9,390.00
			281.70
			-
Amount Due			<b>9,108.30</b>
<b>A.</b> Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.  <div style="text-align: center;"> <b>JESSAMINE C. ECLEO</b>            Printed Name, Designation and Signature of Supervisor         </div>			
<b>B.</b> Accounting Entry:			
Account Title		UACS Code	Debit
<b>C. Certified:</b> <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		<b>D. Approved for Payment</b>	
Signature		Signature	
Signature Printed Name Position	<b>NICK FREDDY R. BELLO</b> OIC Head, Accounting Unit	Signature Printed Name	<b>EDGARDO E. TULIN</b> President
Date		Date	
<b>E. Receipt of Payment</b>			JEV No.
Check/ ADA No. :		Date :	Bank Name & Account Number:
Signature :	PALM PHOTO & PRINT SHOP	Date :	Printed Name:
Official Receipt No. & Date/Other Documents			Date