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|  VISAYAS STATE UNIVERSITY Entity Name DISBURSEMENT VOUCHER | | Fund Cluster : (07) TR Date: 12/28/2021 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 | YANA CHEMODITIES, INC. | TIN/Employee No.: | ORS/BURS No.: |
| Address | Mandaue Rec. Area, 2nd St. After Quano Avenue, Mandaue | 003-584-182-000 | 21-07-1399 |
| Particulars | | Responsibility Center | Amount |
| FULL payment for the purchase of supplies/materials per Invoice # <u>99206</u> dated <u>10/26/2021</u> with all the required supporting paper hereto attached in the total amount of <div style="text-align: right; margin-right: 50px;"> Less: 1% GMP: 24.11 5% EWT: <u>120.54</u> Net Sales 2,410.71 Add: 12% VAT 289.29 <div style="border-top: 1px solid black; width: 100px; margin-top: 5px;">2,700.00</div> </div> | | 101T20201050-1.93 | 2,700.00 144.65 <div style="border-top: 1px solid black; text-align: right;">2,555.35</div> |
| P.O # : GOODS-21-25-117 (TF) PR # : TF-2021-03-00083 ITEM : LAB. SUPPLIES <div style="text-align: right;">Amount Due</div> | | <div style="text-align: center; color: red; font-weight: bold;">Warranty Security</div> <div style="text-align: center; background-color: #f08080; color: white; font-weight: bold;">LD</div> | - |
| | | | 2,555.35 |
| 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 | 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: | Date |
| YANA CHEMODITIES, INC. | | | |
| Official Receipt No. & Date/Other Documents | | | |