

 VISAYAS STATE UNIVERSITY Entity Name		Fund Cluster : (01) RAF Date: 12/6/2021 DV No. :	
DISBURSEMENT VOUCHER			
Mode of Payment	<input type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify)		
Payee	N.N. ALCALA STORE	TIN/Employee No.:	ORS/BURS No.:
Address	Tres Martires Street, Baybay, Western Leyte	168-331-936-000	MOOE 02-101101-2021-07-03424
Particulars		Responsibility Center	MFO/PAP
FULL payment for the purchase of supplies/materials per Invoice # <u>5454-67</u> dated <u>8/25/2021</u> with all the required supporting paper hereto attached in the total amount of Less: 1% GMP: 1,004.86 5% EWT: 5,024.31 <div style="display: flex; justify-content: flex-end;"> Net Sales 100,486.16 Add: 12% VAT 12,058.34 <hr style="width: 100px; margin-left: auto;"/> 112,544.50 </div>		VARIOUS	Amount
			112,544.50
			6,029.17
			106,515.33
			1,125.45
P.O # : GOODS-21-24-092 (GF) PR # : ASSORTED PR's ITEM : OFFICE SUPPLIES		Warranty Security LD	-
Amount Due			105,389.88
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. <div style="text-align: center;"> JESSAMINE C. ECLEO Printed Name, Designation and Signature of Supervisor </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
Date		Date	
E. Receipt of Payment			JEV No.
Check/ADA No. :		Date :	Bank Name & Account Number:
Signature :	N.N. ALCALA STORE	Date :	Printed Name:
Official Receipt No. & Date/Other Documents			