

	VISAYAS STATE UNIVERSITY Entity Name			Fund Cluster : (01) RAF	
	DISBURSEMENT VOUCHER			Date: 12/22/2021 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	COPYLANDIA OFFICE SYSTEM CORP.		TIN/Employee No.: 002-332-000-010		ORS/BURS No.: MOOE 02-101101- 2021-07-03402
Address	G/F RR Apostol Arcade, P. Zamora Cor, Sto. Niño St., Tacloban City				
Particulars			Responsibility Center	MFO/PAP	Amount
FULL payment for the purchase of supplies/materials per Invoice # <u>41152</u> dated <u>12/6/2021</u> with all the required supporting paper hereto attached in the total amount of Less: 1% GMP: <u>61.61</u> 5% EWT: <u>308.04</u> Net Sales <u>6,160.71</u> Add: 12% VAT <u>739.29</u> <u>6,900.00</u> P.O #: PO-GF-MOOE-2021-07-0345 PR #: GF-2020-10-00199 ITEM : CONSUMABLES <div style="text-align: right;">Amount Due</div>			COLLEGE OF NURSING	301000000	6,900.00
					369.65
					6,530.35
				Warranty Security	
				LD	-
					6,530.35
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	
Date			Date		
E. Receipt of Payment					JEV No.
Check/ ADA No. :		Date :	Bank Name & Account Number:		
Signature :	COPYLANDIA OFFICE SYSTEM CORP.	Date :	Printed Name:		Date
Official Receipt No. & Date/Other Documents					