

 <b>VISAYAS STATE UNIVERSITY</b> Entity Name		Fund Cluster : <b>(01) RAF</b> Date: 12/6/2021 DV No. :	
<b>DISBURSEMENT VOUCHER</b>			
<b>Mode of Payment</b>	<input type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify)		
<b>Payee</b>	<b>BAYBAY PRINTSHOP</b>	<b>TIN/Employee No.:</b> <b>183-801-468-003</b>	<b>ORS/BURS No.:</b> CO 06-101409- 2021-07-03740
<b>Address</b>	<b>R. Magsaysay Avenue, Baybay City</b>		
<b>Particulars</b>		<b>Responsibility Center</b>	<b>MFO/PAP</b>
<b>FULL</b> payment for the purchase of supplies/materials per Invoice # <u>1407</u> dated <u>8/31/2021</u> with all the required supporting paper hereto attached in the total amount of .....  Less: 1% GMP: <u>1,779.26</u> 5% EWT: <u>8,896.29</u>  Net Sales <u>177,925.89</u> Add: 12% VAT <u>21,351.11</u> <u>199,277.00</u>  P.O # : GOODS-21-33-134 (GF) PR # : ASSORTED PR's ITEM : IT EQPT.  <div style="text-align: right;"><b>Amount Due</b></div>		MIS	200010000          <div style="color: red; text-align: center;"><b>Warranty Security</b></div> <div style="background-color: #FFD700; text-align: center;"><b>LD</b></div>
			199,277.00          <b>188,601.45</b> <b>1,992.77</b>          <b>186,608.68</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 Printed Name Position	NICK FREDDY R. BELLO OIC Head, Accounting Unit	Signature Printed Name	EDGARDO E. TULIN President
Date		Date	
<b>E. Receipt of Payment</b>			JEV No.
Check/ ADA No. :		Date :	Bank Name & Account Number:
Signature :	BAYBAY PRINTSHOP	Date :	Printed Name:
Official Receipt No. & Date/Other Documents			Date