	7		NIVERS			Fund Cluster
		Entity Name				Saster
DISBURSEMENT VOUCHER #2022-010						Date:Jan.14, 2 DV No. :
Mode of Paymen		Commercial Che	eck ADA	A [Others (Plea	
Payee	JD'S MEATSHOP/ME				ORS/BURS No.:	
Address VSU Visca Baybay Ci		evte				OKS/BUKS No.:
P IN						
	Particulars		Responsion	110		
	Payment of mea	at	Center	.,	MFO/PAP	Amount
	per supporting papers	attached				
	in the amount of		-			
					200010000	14,420
T	Amount Due					1 ., 120
. Certific	ed: Expenses/Cash Advance nece	ssary, lawful and inco				14,420
		Vin Co	mon-	cet sup	ei vision.	
Accoun	ting Entry: Account Title	GHP Mar				
Accoun		GHP Mar	UACS C	ode	Debit	Credit
Accoun		GHP Mar		ode	Debit	Credit
Accoun	Account Title	GHP Mar		ode	Debit	Credit
Certified	Account Title	GHP Mar	UACS C			Credit
Certified Cas	Account Title : th available					Credit
Certified Cas	Account Title : th available		UACS C			Credit
Certified Cas Sub	Account Title : th available ject to Authority to Debit Account	nt (when applicable)	UACS C			Credit
Certified Cas Sub	Account Title Account Title Account Title	nt (when applicable)	UACS C			Credit
Certified Cas Sub	Account Title : th available ject to Authority to Debit Account	nt (when applicable)	UACS C			Credit
Certified Cas Sub	Account Title Account Title Account Title	nt (when applicable)	D. Approve			Credit
Certified Cas Sub Sup pro	Account Title Account Title Account Title Account Title	nt (when applicable) amount claimed	UACS C			Credit
Certified Cas Sub Sup pro	Account Title Account Title Account Title Account Title	nt (when applicable) amount claimed	D. Approve	ed for P	ayment	
Certified Cas Sub Sup pro	Account Title Account Title And Available Ject to Authority to Debit Account Account Title Account Title	amount claimed	D. Approve	ed for P	ayment	
Certified Cas Sub Sup pro	Account Title Account Title Account Title Account Title Account Title Account Title	amount claimed R. BELLO	D. Approve Signature Printed Name	ed for P	ayment	E. TULIN
Certified Cas Sub Sup pro	Account Title Account Title And Available Ject to Authority to Debit Account Account Title Account Title	amount claimed R. BELLO	D. Approve	ed for P	DGARDO VSU PRES	E. TULIN
Certified Cas Sub Sup pro mature inted ame sition ate	Account Title	amount claimed R. BELLO	D. Approve Signature Printed Name Position	ed for P	DGARDO VSU PRES	E. TULIN
Certified Cas Sub Sup pro inted ame sition ate ceipt of P	Account Title	amount claimed R. BELLO	D. Approve Signature Printed Name	ed for P	DGARDO VSU PRES	E. TULIN
Certified Cas Sub Sup pro inted ame sition ate ceipt of P	Account Title	amount claimed R. BELLO	D. Approve Signature Printed Name Position Date	ed for P	DGARDO VSU PRES y Head/Authoriz	E. TULIN
Certified Cas Sub Sup pro mature inted fame sition ate ceipt of P	Account Title	amount claimed R. BELLO UNTING ized Representative	D. Approve Signature Printed Name Position	ed for P	DGARDO VSU PRES y Head/Authoriz	E. TULIN IDENT Red Representative
Certified Cas Sub Sup pro inted ame sition ate ceipt of P	Account Title	amount claimed R. BELLO UNTING ized Representative	D. Approve Signature Printed Name Position Date	ed for P	DGARDO VSU PRES y Head/Authoriz	E. TULIN IDENT Red Representative