STATE	VISAYAS STA	VISAYAS STATE UNIVERSITY  Entity Name			Fund Cluster :	
	Enti				Trust Fund	
DISBURSEMENT VOUCHER					24-Aug-23	
					DV No. :	
Mode of Payment	MDS Check Com	mercial Check	ADA [	ADA Others (Please specify)		
Payee	yee Jasmine M. Andres		TIN/Employee No.:		ORS/BURS No.:	
Address	VSU, Baybay City, Leyte					
Particulars		Responsibility Center	MFO/PAP	Amount		
To replenish Graduation expenses in the amount of ₱1,750.00 as per supporting papers hereto attached		20201050-10.79.1 DA Biotech	301000000	1,750.00		
Amount Due					1,750.00	
			B. TULIN and Signature of Supe	rvisor		
B. Accounting Entry:			HACS Code	UACS Code Debit Credit		
	Account Title		UACS COUL	Debit	Cledit	
C. Certified:			D. Approved	D. Approved for Payment		
Ca: Sul	sh available  oject to Authority to Debit Account (volume)  oporting documents complete and amoroper					
Signature	Signature		Signature			
Printed Nam	NICK FREDDY R. BELLO		Printed Name	Position Agency Head/Authorized Representative		
Position	Head, Accounting Unit/Authorized Representativ		Position			
Date			Date	÷		
	of Payment				JEV No.	
Check/ ADA No. :	10.00	Date :	Bank Name &	Account Number:		
Signature:		Date:	Printed Name:		Date	

Official Receipt No. & Date/Other Documents