

|   |  |   |                             |
|---|--|---|-----------------------------|
| VISAYAS STATE UNIVERSITY<br><b>Entity Name</b><br><br><b>DISBURSEMENT VOUCHER</b>   |  | <b>Fund Cluster :</b><br>GF<br><b>Date : 12/2/2024</b><br><b>DV No. :</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>GELBERTO P. VALDEVIESO</b>  | <b>TIN/Employee No.:</b>  | <b>ORS/BURS No.:</b>        |
| <b>Address</b>  | <b>VSU, Visca, Baybay City, Leyte</b>  |   |                             |
| Particulars   |  | Responsibility Center   | MFO/PAP                     |
| Payment for travel (per diem)   |  | IEPR FUND   | 450.00                      |
| <b>Amount Due</b>   |  |   | <b>450.00</b>               |
| <b>A.</b> Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.<br><br><div style="text-align: center;"> <b>MARLON M. TAMBIS</b><br/>         Printed Name, Designation and Signature of Supervisor       </div> |  |   |                             |
| <b>B.</b> Accounting Entry:   |  |   |                             |
| Account Title   |  | UACS Code   | Debit                       |
|   |  |   |                             |
|   |  |   |                             |
| <b>C. Certified:</b>  |  | <b>D. Approved for Payment</b>  |                             |
| <input type="checkbox"/> Cash available<br><input type="checkbox"/> Subject to Authority to Debit Account (when applicable)<br><input type="checkbox"/> Supporting documents complete and amount claimed proper   |  |   |                             |
| Signature   |  | Signature   |                             |
| Printed Name  | <b>NICK FREDDY R. BELLO</b>  | Printed Name  | <b>PROSE IVY G. YEPES</b>   |
| Position  | Head, Accounting Unit/Authorized Representative  | Position  | President                   |
| Date  |  | Date  |                             |
| <b>E. Receipt of Payment</b>  |  |   | <b>JEV No.</b>              |
| Check/ADA No. :   |  | Date :  | Bank Name & Account Number: |
| Signature :   |  | Date :  | Printed Name:               |
| Official Receipt No. & Date/Other Documents   |  |   | Date                        |