

THE PERSON NAMED IN COLUMN 1		Skulfs McAndercad
16	SASS	
12	(3)	
	THE STATE OF	

VISAYAS STATE UNIVERSITY

Entity Name

Fund Cluster:

VERS		itity Ivanic			1 rust runu
	DISBURSEN	MENT VOU	CHER		17-Aug-23 DV No. :
Mode of Payment	MDS Check Co	mmercial Check	ADA	Others (Please	specify)
Payee	Mizuki Mosquito		TIN/Employee	No.:	ORS/BURS No.:
Address	VSU, Baybay City, Leyte				<u> </u>
	Particulars		Responsibility Center	MFO/PAP	Amount
in the amour	Graduation expenses nt of ₱1,750 ting papers hereto attached	2	0201050-10.79.1 DA Biotech	301000000	1,750.00
A. Certified:	Amount Due Expenses/Cash Advance necessary	y, lawful and incur	red under my direct	t supervision.	1,750.00
B. Accounting		me, Designation and	Market and the second		
	Account Title		UACS Code	Debit Debit	Credit
Sub	h available ject to Authority to Debit Account (porting documents complete and an roper		D. Approved	for Payment	
Signature			Signature		
Printed Name	NICK FREDDY R. BELLO		Printed Name	EDGARDO E. TULIN	
Position	Position Head, Accounting Unit/Authorized Representative		— Position	Agency Head/Authorized Representative	
Date			Date		
E. Receipt o	f Payment				JEV No.
Check/ ADA No.:		Date :	Bank Name & A	Account Number:	
Signature:		Date:	Printed Name:		Date

Official Receipt No. & Date/Other Documents