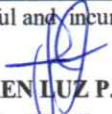





| | | | | | |
|---|--|-----------------------|--|---|----------------------|
| VISAYAS STATE UNIVERSITY | | | | Fund Cluster : | |
| Entity Name | | | | Date: 01/12/22 | |
| DISBURSEMENT VOUCHER | | | | DV No. : | |
| Mode of Payment | <input type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify) | | | | |
| Payee | MILAGROS C. BALES | | TIN/Employee No.: | | ORS/BURS No.: |
| Address | VISCA, BAYBAY CITY, LEYTE | | | | |
| Particulars | | Responsibility | MFO/PAP | Amount | |
| Monthly Honorarium as project leader of PhilFIDA research project for the month of December 2021 | | 2041010-146 | 5% | 8,800.00 | |
| | | | | 440.00 | |
| | | | | 8,360.00 | |
| Amount Due | | | | | |
| A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. | | | | | |
|  KAREN IUZ P. YAP DAEE Head | | | | | |
| B. Accounting Entry: | | | | | |
| Account Title | | UACS Code | Debit | Credit | |
| | | | | | |
| C. Certified: | | | D. Approved for Payment | | |
| <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 | | | | | |
| Signature | | | | | |
| Printed Name | | | | | |
| Position | NICK FREDDY R. BELLO Head, Accounting Unit/Authorized Representative | | | | |
| Date | | | Signature | | |
| Printed Name | | | Printed Name | | |
| Position | NICK FREDDY R. BELLO Head, Accounting Unit/Authorized Representative | | Position | EDGARDO E. TULIN President, VSU | |
| Date | | | Date | | |
| E. Receipt of Payment | | | | | JEV No. |
| Check/ADA No. : | | Date : | Bank Name & Account Number: | | |
| Signature : | | Date : | Printed Name: | | |
| Official Receipt No. & Date/Other Documents | | | | | |

| | | | | | |
|---|--|-----------------------|--------------------------------|---|----------------------|
| VISAYAS STATE UNIVERSITY | | | | Fund Cluster : | |
| Entity Name | | | | | |
| DISBURSEMENT VOUCHER | | | | Date: 01/12/22 | |
| | | | | DV No. : | |
| Mode of Payment | <input type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify) | | | | |
| Payee | AIZA C. ORACION | | TIN/Employee No.: | | ORS/BURS No.: |
| Address | VISCA, BAYBAY CITY, LEYTE | | | | |
| Particulars | | Responsibility | MFO/PAP | Amount | |
| Monthly Honorarium as training officer of PhilFIDA research project for the month of December 2021 | | 2041010-146 | 5% | 6,000.00 | |
| | | | | 300.00 | |
| | | | | 5,700.00 | |
| Amount Due | | | | | |
| A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. | | | | | |
|  MILAGROS C. BALES Project Leader, PhilFIDA | | | | | |
| B. Accounting Entry: | | | | | |
| Account Title | | UACS Code | Debit | Credit | |
| | | | | | |
| C. Certified: | | | D. Approved for Payment | | |
| <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 | | | | | |
| Signature | | | Signature | | |
| Printed Name | | | Printed Name | | |
| Position | NICK FREDDY R. BELLO Head, Accounting Unit/Authorized Representative | | Position | EDGARDO E. TULIN President, VSU | |
| Date | | | Date | | |
| E. Receipt of Payment | | | | JEV No. | |
| Check/ADA No. : | | Date : | Bank Name & Account Number: | | |
| Signature : | | Date : | Printed Name: | | Date |
| Official Receipt No. & Date/Other Documents | | | | | |

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|---|--|--|-------------------------|-----------------------------|---------|
| VISAYAS STATE UNIVERSITY Entity Name | | | | Fund Cluster : | |
| DISBURSEMENT VOUCHER | | | | Date: 01/12/22 DV No. : | |
| Mode of Payment | | <input type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify) | | | |
| Payee | | FATIMA T. BALIÑA | | TIN/Employee No.: | |
| Address | | VISCA, BAYBAY CITY, LEYTE | | | |
| Particulars | | Responsibility | | MFO/PAP | |
| Monthly Honorarium as assistant project leader of PhilFIDA research project for the month of December 2021 | | 2041010-146 | | 5% | |
| | | | | | |
| | | | | 7,500.00 | |
| | | | | 375.00 | |
| Amount Due | | | | 7,125.00 | |
| A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. | | | | | |
|  MILAGROS C. BALES Project Leader, PhilFIDA | | | | | |
| B. Accounting Entry: | | | | | |
| Account Title | | UACS Code | | Debit Credit | |
| | | | | | |
| C. Certified: | | | D. Approved for Payment | | |
| <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 | | | | | |
| Signature | | Signature | | | |
| Printed Name | | Printed Name | | | |
| Position | | Position | | | |
| NICK FREDDY R. BELLO Head, Accounting Unit/Authorized Representative | | EDGARDO E. TULIN President, VSU | | | |
| Date | | Date | | | |
| E. Receipt of Payment | | | | | JEV No. |
| Check/ADA No. : | | Date : | | Bank Name & Account Number: | |
| Signature : | | Date : | | Printed Name: | |
| Official Receipt No. & Date/Other Documents | | | | | Date |

| | | | | | |
|---|--|-----------------------|---|-----------------------|----------------------|
| VISAYAS STATE UNIVERSITY | | | | Fund Cluster : | |
| Entity Name | | | | | |
| DISBURSEMENT VOUCHER | | | | Date: 01/12/22 | |
| | | | | DV No. : | |
| Mode of Payment | <input type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify) | | | | |
| Payee | KAREN LUZ P. YAP | | TIN/Employee No.: | | ORS/BURS No.: |
| Address | VISCA, BAYBAY CITY, LEYTE | | | | |
| Particulars | | Responsibility | MFO/PAP | Amount | |
| Monthly Honorarium as assistant project leader of PhilFIDA research project for the month of November to December 2021 | | 2041010-146 | 5% | 15,000.00 | |
| | | | | 750.00 | |
| Amount Due | | | | 14,250.00 | |
| A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. | | | | | |
|  MILAGROS C. BALES Project Leader, PhilFIDA | | | | | |
| B. Accounting Entry: | | | | | |
| Account Title | | UACS Code | Debit | Credit | |
| | | | | | |
| C. Certified: | | | D. Approved for Payment | | |
| <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 | | | | | |
| Signature | | | | | |
| Printed Name | | | | | |
| Position | | | | | |
| NICK FREDDY R. BELLO Head, Accounting Unit/Authorized Representative | | | EDGARDO E. TULIN President, VSU | | |
| Date | | | Date | | |
| E. Receipt of Payment | | | | | |
| Check/ADA No. : | | Date : | Bank Name & Account Number: | | JEV No. |
| Signature : | | Date : | Printed Name: | | Date |
| Official Receipt No. & Date/Other Documents | | | | | |