VISAYAS STATE UNIVERSITY Entity Name					Fund Cluster :	
Entity Name DISBURSEMENT VOUCHER					Date: 01/12/22 DV No. :	
Mode of Payment	I IMIDS Check I ICommercial Check I IADA I IUITIETS (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	
	Amount Due				8,360.00	
KAREN LUZ P. YAP DAEBx Head						
B. Accounting			T 111 00 0 1			
	Account Title		UACS Code	Debit	Credit	
C. Certified:			D. Approved for Payment			
Cash available Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed proper						
Signature	Signature		Signature			
Printed Name		Printed Name				
Position NICK FREDDY R. BELLO		Position	EDGARDO E. TULIN			
Date	Head, Accounting Unit/Authorized Representative		Date	President, VSU		
E Passint of Payment				I	JEV No.	
E. Receipt of Payment Check/ ADA No.: Date:		Bank Name & Number:	Account			
Signature : Date : Printed Name: Date				Date		

VISAYAS STATE UNIVERSITY Entity Name					Fund Cluster :	
DISBURSEMENT VOUCHER					Date: 01/12/22 DV No. :	
Mode of Payment						
Payee	AIZA C. ORACION TIN/Employee No.:				ORS/BURS No.:	
Address VISCA, BAYBAY CITY, LEYTE						
	Particulars	I	Responsibility	MFO/PAP	Amount	
Monthly Honorarium as training officer of PhilFIDA research project for the month of December 2021		hilFIDA	2041010-146	5%	6,000.00 300.00	
	Amount Due				5,700.00	
MILAGROS C. BALES Project Leader, PhilFIDA						
B. Accounting	Account Title		UACS Code Debi		Credit	
Account The						
C. Certified:			D. Approved for Payment			
Cash available Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed proper						
Signature	Signature		Signature			
Printed Name		Printed Name				
Position NICK FREDDY R. BELLO		Position	EDGARDO E. TULIN			
Date	Head, Accounting Unit/Authorized Representative		Date	Pre	sident, VSU	
E. Receipt of Payment					JEV No.	
Check/ ADA No.:	ck/ Date:		Bank Name & Account Number:		170.	
Signature :	Ignature : Date : Prin				Date	

	Fund Cluster :					
	Date: 01/12/22 DV No. :					
Mode of Payment MDS Check Commercial Check ADA Others (Please specify)						
Payee	FATIMA T. BALIŇA	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 December 2021		2041010-146	5%	7,500.00 375.00		
	Amount Due			7,125.00		
MILAGROS C. BALES Project Leader, PhilFIDA						
B. Accounti	Account Title	UACS Co.	de Debit	Credit		
Account File			Been	CTOS		
C. Certified		D. Approved	D. Approved for Payment			
Cash available Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed proper						
Signature		Signature				
Printed Name		Printed Name				
Position	NICK FREDDY R. BELLO Head, Accounting Unit/Authorized Represent	Position		EDGARDO E. TULIN President, VSU		
Date		Date				
E. Receipt o	f Payment			JEV No.		
Check/ ADA No.:	Date:	Bank Name & Number:				
Signature :	Date :	Printed Name	:	Date		
Official Rece	pt No. & Date/Other Documents					

	VISAYAS STA	TE UNIVE	RSI	TY			Fund Cluster :
Entity Name							
DISBURSEMENT VOUCHER					- 1	Date: 01/12/22 DV No. :	
Mode of Payment	MDS Check Co	mmercial Checl	k	ADA	Othe	ers (Pleas	e specify)
Payee	KAREN LUZ P. YAP	. YAP		TIN/Employee No.:			ORS/BURS No.:
Address	VISCA, BAYBAY CITY, LEYT	E					
	Particulars		R	esponsibility	MFO/	PAP	Amount
Monthly Honorarium as assistant project leader of PhilFIDA research project for the month of November to December 2021		2	2041010-146		6	15,000.00 750.00	
	Amount Due					-	14.250.00
A. Certified:	Expenses/Cash Advance necessary,	lawful and inc	curre	d under my di	rect supervi	ision.	14,250.00
B. Accounting	Account Title		1	UACS Cod	e I	Debit	Credit
C. Certified:			I). Approved	for Payme	nt	
Cash	available		\top		- uj me		
Supp	ect to Authority to Debit Account (worting documents complete and amo						
Signature			1	Signature			
rinted Name			P	rinted Name			
Position	NICK FREDDY R. BELLO			Position	EDGARDO E. TULIN		
Date	Head, Accounting Unit/Authorized Representative		+	Date	President, VSU		
Receipt of 1	Pavment			Dute			
Check/ ADA No. :		ate:		Bank Name & Account Number:		V No.	
Signature :		ate:	Printed Name: Date		e		
ficial Receipt	No. & Date/Other Documents		_				