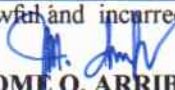


| | | | | | |
|--|--|--|--------------------------------|--|----------------|
| VISAYAS STATE UNIVERSITY Entity Name | | | | Fund Cluster : | |
| DISBURSEMENT VOUCHER | | | | Date : 5/15/2024 DV No. : | |
| Mode of Payment | | <input type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify) | | | |
| Payee | | VSU FUEL STATION | | TIN/Employee No. : | |
| Address | | VSU, Visca, Baybay City, Leyte | | | |
| Particulars | | Responsibility | | MFO/PAP | |
| For the payment of 40 liters of diesel as per the attached papers..... | | Vermiculture Project | | 2,600.00 | |
| Amount Due | | | | 2,600.00 | |
| A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. | | | | | |
|  JEROME O. ARRIBADO Director, Eco-FARMI | | | | | |
| 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 | | | |
| Head, Accounting Office Head, Accounting Unit/Authorized Representative | | President Agency Head/Authorized Representative | | | |
| Date | | Date | | | |
| E. Receipt of Payment | | | | | JEV No. |
| Check/ ADA No. : | | Date : | | Bank Name & Account Number: | |
| Signature : | | Date : | | Printed Name: | |
| VSU FUEL STATION | | | | Date | |
| Official Receipt No. & Date/Other Documents | | | | | |