

## VISAYAS STATE UNIVERSITY

## **Entity Name**

Fund	Cluster	:

Trust Fund

	15-Dec-22 DV No. :				
Mode of Payment	MDS Check Commercial Check	ADA	Others (P	lease specify)	
Payee	Dr. Anabella B. Tulin	TIN/Emplo	oyee No.:	ORS/BURS No.:	
Address	VSU, Baybay City, Leyte				
	Particulars	Responsibility Center	MFO/PAP	Amount	
Payment of	honorarium as Project Leader of the VSU- DA Biotech	-			
in the amoun	Program for the month of December 1-31, 2022 at of ₱8,800.00/month	DA-Biotech	3,962		
	*	Scholarship Program			
as per suppo	rting papers hereto attached	20201050-10.79.1			
Total amount -	8,800.00				
Less:w/tax	2,816.00				
Net amount:	5,984.00				
A. Certified	: Expenses/Cash Advance necessary, lawful and incurred under			5,984.0	
3. Accounting	Printed Name, Designation and Signating Entry:		or		
3. Accounting	Printed Name, Designation and Signa			Credit	
Accounting	Printed Name, Designation and Signation Entry:	ature of Superviso  UACS Co	de Debit	Credit	
Certified:	Printed Name, Designation and Signation and	ature of Superviso  UACS Co	.	Credit	
Certified:	Printed Name, Designation and Signation and	ature of Superviso  UACS Co	de Debit	Credit	
C. Certified: Casi Subj	Printed Name, Designation and Signation and	ature of Superviso  UACS Co	de Debit	Credit	
Certified: Casl Subj Supj pr	Printed Name, Designation and Signation and Signation and Signation and Signation and Signation are Entry:  Account Title  a available ect to Authority to Debit Account (when applicable) porting documents complete and amount claimed	ature of Superviso  UACS Co	de Debit	Credit	
Certified: Casl Subj	Printed Name, Designation and Signation and Signation and Signation and Signation and Signation are Entry:  Account Title  a available ect to Authority to Debit Account (when applicable) porting documents complete and amount claimed	UACS Co	de Debit		
Certified: Casi Subj Supp pr Signature Printed	Printed Name, Designation and Signating Entry:  Account Title  a available ect to Authority to Debit Account (when applicable) porting documents complete and amount claimed oper  NICK FREDDY R. BELLO	D. Approve Signature Printed Name	de Debit	Credit  DO E. TULIN	
Certified: Casl Subj Supp pr Signature Printed Name Position	Printed Name, Designation and Signating Entry:  Account Title  a available ect to Authority to Debit Account (when applicable) porting documents complete and amount claimed oper	UACS Co  D. Approve  Signature  Printed	de Debit ed for Payment  EDGARI	DO E. TULIN	
Certified: Cask Subj Supp pr Signature Printed Name Position Date	Printed Name, Designation and Signation and Signating Entry:  Account Title  Account Title  available ect to Authority to Debit Account (when applicable) porting documents complete and amount claimed oper  NICK FREDDY R. BELLO  OIC Head, Accounting Unit/Authorized Representative	D. Approve Signature Printed Name	de Debit ed for Payment  EDGARI		
Certified: Casl Subj Supp pr Signature Printed Name Position	Printed Name, Designation and Signating Entry:  Account Title  Account Title  available ect to Authority to Debit Account (when applicable) porting documents complete and amount claimed oper  NICK FREDDY R. BELLO  OIC Head, Accounting Unit/Authorized Representative	D. Approve  Signature  Printed Name  Position  Date	de Debit ed for Payment  EDGARI Agency Head/Aut	DO E. TULIN	
Certified: Casi Subj Supp pr Signature Printed Name Position Date Receipt of	Printed Name, Designation and Signation and Signating Entry:  Account Title  Account Title  available ect to Authority to Debit Account (when applicable) porting documents complete and amount claimed oper  NICK FREDDY R. BELLO  OIC Head, Accounting Unit/Authorized Representative	D. Approve  Signature  Printed Name  Position  Date  Bank Name &	de Debit ed for Payment  EDGARI Agency Head/Aut	DO E. TULIN horized Representative	
Certified: Casi Subj Supp Printed Name Position Date Receipt of Check/	Printed Name, Designation and Signating Entry:  Account Title  Account Title  available ect to Authority to Debit Account (when applicable) porting documents complete and amount claimed oper  NICK FREDDY R. BELLO  OIC Head, Accounting Unit/Authorized Representative	D. Approve  Signature  Printed Name  Position  Date	de Debit  ed for Payment  EDGARI  Agency Head/Aut  Account	DO E. TULIN horized Representative	