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| <b>VISAYAS STATE UNIVERSITY</b><br>Entity Name                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                           | <b>DISBURSEMENT VOUCHER</b>                                           |                                  | Fund Cluster : TRUST<br>Date : October 10, 2022<br>DV No. : |                                    |
|                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                           |                                                                       |                                  |                                                             |                                    |
| Mode of Payment<br><input type="checkbox"/> MDS Check <input checked="" type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify)                                                                                                                                                                                | Payee<br><b>LAND BANK OF THE PHILIPPINES</b>                                                                                                                                                                                                                                                                              |                                                                       | Address<br>Baybay City, Leyte    |                                                             |                                    |
|                                                                                                                                                                                                                                                                                                                                                                         | Particulars<br>TO FUND TRANSFER in the amount of THREE HUNDRED FORTY ONE THOUSAND FOUR HUNDRED FORTY PESOS ONLY (341,440.00) salary of J.O., Honoraria, Replenishment, Reimbursement charge to 101-TRUST-MOOE with all the required supporting papers hereto attached.<br><b>FUND 101-TRUST-MOOE</b><br><b>Amount Due</b> |                                                                       | Responsibility Center<br>MFO/PAP |                                                             | Amount<br>341,440.00    341,440.00 |
| A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.<br><div style="display: flex; justify-content: space-between;"> <div> <b>QUEEN-EVER Y. ATUPAN</b><br/>           Sup. Admin. Officer<br/>           Printed Name, Designation and Signature of Supervisor         </div> <div> <i>My</i> 10/10/22         </div> </div> |                                                                                                                                                                                                                                                                                                                           |                                                                       |                                  |                                                             |                                    |
| B. Accounting Entry:                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                           |                                                                       |                                  |                                                             |                                    |
| Account Title                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           | UACS Code                                                             |                                  | Debit                                                       | Credit                             |
|                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                           |                                                                       |                                  |                                                             |                                    |
| C. Certified:                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           | D. Approved for Payment                                               |                                  |                                                             |                                    |
| <input type="checkbox"/> Cash available<br><input type="checkbox"/> Subject to Authority to Debit Account (when applicable)<br><input type="checkbox"/> Supporting documents complete and amount claimed proper                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                           | Signature<br><b>NICK FREDDY R. BELLO</b><br>Printed Name              |                                  | Signature<br><b>EDGARDO E. TULIN</b><br>Printed Name        |                                    |
| Position<br><b>Accountant II</b><br>OIC Head, Accounting Unit/Authorized                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                           | Position<br><b>President</b><br>Agency Head/Authorized Representative |                                  | Date                                                        |                                    |
| E. Receipt of Payment                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                           |                                                                       |                                  |                                                             |                                    |
| Check/ ADA No. :<br>Bank Name & Account Number: LBP BAYBAY                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                           | Printed Name:                                                         |                                  | Date                                                        |                                    |
| LAND BANK OF THE PHILIPPINES                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                           |                                                                       |                                  |                                                             |                                    |
| Official Receipt No. & Date/Other Documents                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                           |                                                                       |                                  |                                                             |                                    |