

 VISAYAS STATE UNIVERSITY Entity Name		Fund Cluster : (01) RAF	
DISBURSEMENT VOUCHER		Date: 12/13/2021 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 Address	MNC AUTO PARTS R. Magsaysay Ave., Baybay City		TIN/Employee No.: 139-536-405-000 ORS/BURS No.: MOOE 02-101101- 2021-08-04257
Particulars		Responsibility Center	MFO/PAP
FULL payment for the purchase of supplies/materials per Invoice # <u>27509</u> dated <u>9/17/2021</u> with all the required supporting paper hereto attached in the total amount of Less: 1% GMP: 89.29 5% EWT: <u>446.43</u> Net Sales 8,928.57 Add: 12% VAT <u>1,071.43</u> <u>10,000.00</u> P.O #: PO-GF-MOOE-2021-08-0386 PR #: GF-2020-10-00501 ITEM : TIRE <div style="text-align: right;">Amount Due</div>		PRCRTC	303000000
			10,000.00
			535.72
			9,464.28
			Warranty Security
		LD	-
			9,464.28
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. <div style="text-align: center;"> JESSAMINE C. ECLEO Printed Name, Designation and Signature of Supervisor </div>			
B. Accounting Entry:			
Account Title		UACS Code	Debit
C. Certified: <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		D. Approved for Payment	
Signature Printed Name Position	NICK FREDDY R. BELLO OIC Head, Accounting Unit	Signature Printed Name	EDGARDO E. TULIN President
Date		Date	
E. Receipt of Payment			JEV No.
Check/ ADA No. :		Date :	Bank Name & Account Number:
Signature :	MNC AUTO PARTS	Date :	Printed Name:
Official Receipt No. & Date/Other Documents			Date