	IASS	
i	O	
	ER	

Official Receipt No. & Date/Other Documents

VISAYAS STATE UNIVERSITY

Fund Cluster:

Entity Name PCC Date: 12/13/2021 DISBURSEMENT VOUCHER DV No.: Mode of MDS Check Commercial Check ADA Others (Please specify) **Payment** TIN/Employee No.: ORS/BURS No.: PHILCOPY CORPORATION Payee 000-169-318-005 02-2021-11-196 140-B Santiago Apt Real St. Dist. 21, Ormoc City Address Responsibility MFO/PAP **Particulars** Amount Center FULL payment for the purchase of supplies/materials per 27527 dated 12/2/2021 the required supporting paper hereto attached in the total amount of 44,000.00 05-010-00000-04-05-010-00000-04 11-01;02-01;03 11 Less: 1% GMP: 392.86 5% EWT: 1,964.29 2,357.15 Net Sales 39,285.71 Add: 12% VAT _ 4,714.29 41,642.85 44.000.00 Warranty **Security** P.O #: TF-2021-11-0469 LD PR # : TF-2021-09-00946 ITEM: TONER 41,642.85 **Amount Due** A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. JESSAMINE C. ECLEO Printed Name, Designation and Signature of Supervisor Accounting Entry: Account Title **UACS** Code Debit **Approved for Payment** C. Certified: Cash available Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed proper Signature Signature Signature Signature Printed Printed Name NICK FREDDY R. BELLO EDGARDO E. TULIN Name Position OIC Head, Accounting Unit President Date Date E. Receipt of Payment JEV No. Check/ ADA Bank Name & Account Number: Date: No.: Printed Name: Date Date: Signature : PHILCOPY CORPORATION