



Republic of the Philippines  
**VISAYAS**  
STATE UNIVERSITY  
Visca, Baybay City, Leyte

Fund Cluster:

**DOST-NRCP 20201050-  
10.6.23**

Date: December 2, 2021

DV No.:

## DISBURSEMENT VOUCHER

Mode of Payment	<input type="checkbox"/> MDS check	<input type="checkbox"/> Commercial Check	<input type="checkbox"/> ADA	<input type="checkbox"/> Others (Specify)
PAYEE	<b>ANA MARQUIZA M. QUILICOT</b>		TIN/Employee No.:	ORS/BUR No.:
Address	<b>COLLEGE OF VETERINARY MEDICINE, Visayas State University, Visca, Baybay City, Leyte</b>			
PARTICULARS		Responsibility Center	MFO/PAP	Amount
To replenish the Van Hire to discuss the provincial veterinarian the initial results of the research project entitled: <i>Multi-stakeholders Knowledge, Attitude and Practices on Poultry Zoonoses in the Province of Leyte and Southern Leyte as per supporting papers</i> hereto attached in the amount of . . . . .		DOST-NRCP		<b>5,000.00</b>
			Total	<b>5,000.00</b>
<b>A</b> Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision  <div style="text-align: center;"> <b>ANA MARQUIZA M. QUILICOT</b> Project Leader/Head, IAO</div>				
<b>B</b> Accounting Entry				
Account Title		UACS Code	Debit	Credit
<b>C</b> Certified:		<b>D</b> Approved for Payment		
<input type="checkbox"/> Cash Available <input type="checkbox"/> Subject to Authority to Debit Account (when Approved) <input type="checkbox"/> Supporting documents complete and amount claimed proper				
Signature: Printed Name: Position Date	<b>NICK FREDDY R. BELLO</b> OIC Head, Accounting Division		Signature Printed Name Position Date	<b>EDGARDO E. TULIN</b> President Agency Head/Authorized Representative
<b>E</b> Receipt of Payment				JEV No.
Check/ ADA No.:		Date	Bank Name & Account Number:	
Signature: <b>ANA MARQUIZA M. QUILICOT</b>	Date:			
Official Receipt N. and Date/Other Documents				