1	-	S STATE UI Entity Name	VIVERSI	TY		Fund Cluster:
DISBURSEMENT VOUCHER #2021-202						Date: Dec. 06, 202 DV No. :
Mode of Payment	1 13 00 0 -	Commercial Chec	ck ADA		Others (Pleas	e specify)
Payee	Vov. v.		TIN/Employee No.:			ORS/BURŞ No.:
Address						JULIA DERA INO
and the	Particulars					
	Payment of seafood	- 0	Center	y M	IFO/PAP	
	per supporting	s & meat	- Annar		0/1711	Amount
- 31	per supporting papers	s attached				
24	in the amount of -			200	0010000	
	A			200	0010000	44,702.
. Certific	Amount Due					
J comm	ed: Expenses/Cash Advance ned	JOSEFINA N	rred under my dir.	act our au '		44,702.0
Account	ting Entry: Account Title		UACS Co	ode	Debit	Credit
Account		3	UACS Co	ode	Debit	Credit
Certified	Account Title					Credit
Certified Cas	Account Title l: sh available		D. Approve			Credit
Certified Cas	Account Title l: sh available	unt (when applicable)				Credit
Certified Cas Sub	Account Title Sh available Debit Account Title					Credit
Certified Cas Sub	Account Title l: sh available					Credit
Certified Cas Sub Sup pro	Account Title Sh available Dject to Authority to Debit Account Title		D. Approve			Credit
Certified Cas Sub	Account Title Sh available Dject to Authority to Debit Account Title	d amount claimed	D. Approve	d for Paym	ent	
Certified Cas Sub Sup pro	Account Title Sh available Dject to Authority to Debit According documents complete an oper NICK FREDDY OIC HEAD ACC	d amount claimed R. BELLO	D. Approve	d for Paym	ent	Credit E. TULIN
Certified Cas Sub Sup pro	Account Title Sh available Dject to Authority to Debit According documents complete an oper NICK FREDDY OIC HEAD ACC	d amount claimed R. BELLO	D. Approve	d for Paym	GARDO I	E. TULIN
Certified Cas Sub Sup pro	Account Title Sh available Diject to Authority to Debit Acco porting documents complete an oper NICK FREDDY	d amount claimed R. BELLO	D. Approve Signature Printed Name	d for Paym	GARDO I	E. TULIN
Certified Cas Sub Sup pro gnature rinted Jame sition	Account Title Sh available Dject to Authority to Debit Accounting documents complete an oper NICK FREDDY OIC HEAD ACCOUNTING Unit/Authority	d amount claimed R. BELLO	D. Approve Signature Printed Name	d for Paym	GARDO I	E. TULIN
Certified Cas Sub Sup pro gnature rinted Jame	Account Title Sh available Dject to Authority to Debit Accounting documents complete an oper NICK FREDDY OIC HEAD ACCOUNTING Unit/Authority	d amount claimed 7 R. BELLO OUNTING Porized Representative	D. Approve Signature Printed Name Position	d for Paym	GARDO I	E. TULIN DENT Ed Representative
Certified Cas Sub Sup pro gnature rinted Same sition Date	Account Title Sh available Dject to Authority to Debit Accounting documents complete an oper NICK FREDDY OIC HEAD ACCOUNTING Unit/Authority	d amount claimed R. BELLO	D. Approve Signature Printed Name Position Date	ED(GARDO J VSU PRESI Pad/Authoriz	E. TULIN
Certified Cas Sub Sup pro gnature rinted Jame sition Oate eccipt of I	Account Title Sh available Dject to Authority to Debit Accounting documents complete an oper NICK FREDDY OIC HEAD ACCOUNTING Unit/Authority	d amount claimed 7 R. BELLO OUNTING Porized Representative Date:	D. Approve Signature Printed Name Position Date Bank Name & A	ED(GARDO J VSU PRESI Pad/Authoriz	E. TULIN DENT Ed Representative
Certified Cas Sub Sup pro gnature cinted lame sition Date eccipt of I	Account Title Sh available Dject to Authority to Debit Accounting documents complete an oper NICK FREDDY OIC HEAD ACCOUNTING Unit/Authority	d amount claimed 7 R. BELLO OUNTING Porized Representative	D. Approve Signature Printed Name Position Date	ED(GARDO J VSU PRESI Pad/Authoriz	E. TULIN DENT ed Representative No.