

 VISAYAS STATE UNIVERSITY Entity Name DISBURSEMENT VOUCHER		Fund Cluster : (05) IGF Date: 1/19/2022 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	ORMOC MACMERCURY HARDWARE & ALLIED SERVICES, INC. Aviles St., Ormoc City		TIN/Employee No.: 005-760-260-000
Address			ORS/BURS No.: CO 06-206441-2020-09-02105
Particulars		Responsibility Center	MFO/PAP
FULL payment for the purchase of supplies/materials per Invoice # <u>136153</u> dated <u>5/26/2021</u> with all the required supporting paper hereto attached in the total amount of Less: 1% GMP: 10,567.78 5% EWT: <u>52,838.88</u> <div style="display: flex; justify-content: flex-end;"> Net Sales 1,056,777.68 Add: 12% VAT 126,813.32 <hr style="width: 100px; margin-left: auto;"/> 1,183,591.00 </div> P.O # : GOODS-20-28-138 (STF) PR # : ASSORTED PR's ITEM : CONSTRUCTION MATERIALS <div style="text-align: right;">Amount Due</div>		VARIOUS	VARIOUS
			1,183,591.00
			63,406.66
			1,120,184.34
			11,201.84
			Warranty Security
			LD
			32,086.24
			1,076,896.26
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. <div style="text-align: center;"> JESSAMINE C. ECLEO Head, Office of the Head for Procurement </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 :	ORMOC MACMERCURY HARDWARE & ALLIED SERVICES, INC.	Date :	Printed Name:
Official Receipt No. & Date/Other Documents			Date