

VISAYAS STATE UNIVERSITY

Entity Name

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| Mode of Payment | DISBURSEMENT VOUCHER | | | | | Trust Fund 05-Oct-23 DV No. : | |
|--|--------------------------|--|-----------------------|-------------------|----------------|-------------------------------|--|
| Address VSU, Baybay City, Leyte Payment of honorarium as Project Leader of the VSU- DA Biotech Scholarship Program for the month of September 1-30, 2023 in the amount of P8, 800,00/month as per supporting papers hereto attached Total amount | | MDS Check C | Commercial Check | ADA | Others (I | | |
| Address VSU, Baybay City, Leyte Particulars Responsibility Center Responsibility Center Scholarship Program for the month of September 1-30, 2023 DA-Biotech Scholarship Program for the month of September 1-30, 2023 DA-Biotech Scholarship Program for the month of September 1-30, 2023 DA-Biotech Scholarship Program for the month of September 1-30, 2023 DA-Biotech Scholarship Program a pares hereto attached Total amount 8,800.00 Month 2,640.00 Responsibility 2,640.00 Responsibili | Payee | Dr. Anabella B. Tulin | | TIN/Employee No : | | OPS/DIDS No. | |
| Payment of honorarium as Project Leader of the VSU- DA Biotech Scholarship Program for the month of September 1-30, 2023 In the amount of P8,800.00/month as per supporting papers hereto attached Total amount - 8,800.00 Less whaz 2,640.00 Net amount - 6,160.00 Amount Due A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. EDGARDO E. TULIN Printed Name, Designation and Signature of Supervisor B. Accounting Entry: Account Title UACS Code Debit Credit Cash available Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed proper Signature Printed Name NICK FREDDY R. BELLO Date Receipt of Payment Date Date Date Date Date Date Date Printed Name: Date | Address | dress VSU, Baybay City, Leyte | | | | ORS/BORS No | |
| Amount Due A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. **EDGARDO E. TULIN** Printed Name, Designation and Signature of Supervisor **Account Title** Accounting Entry: Accounting Entry: Accounting Entry: Account Title Cash available Supporting documents complete and amount claimed Printed Name NICK FREDDY R. BELLO Date: Position OIC Head, Accounting Unit/Authorized Representative Date: Bank Name & Account Number: DA-Biotech Scholarship Program 301000000 6,160.0 Anount Due Anount Due Anount Due Anount Due Accounting Entry: Accounting Entry: Accounting Entry: Account Title UACS Code Debit Credit Credit Credit Printed Name NICK FREDDY R. BELLO Date: Bank Name & Account Number: Date: Bank Name & Account Number: Date: Date: Printed Name Printed Name Printed Name Printed Name Date: Printed Name Printed Name Date: Printed Name & Account Number: Date: Date: Printed Name Printed Name Printed Name Printed Name Date: Printed Name & Account Number: Date: Date: Printed Name Printed Name Printed Name Date: Printed Name Date | D | | | | MFO/PAP | Amount | |
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| Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. EDGARDO E. TULIN | Less:w/tax | 2,640.00 6,160.00 | | | | , | |
| EDGARDO E. TULIN Printed Name, Designation and Signature of Supervisor B. Accounting Entry: Account Title UACS Code Debit Credit Credit D. Approved for Payment C. Certified: D. Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed proper Signature Printed Name NICK FREDDY R. BELLO Position OIC Head, Accounting Unit/Authorized Representative Date Receipt of Payment Date: Bank Name & Account Number: JEV No. Check/ DA No.: Date: Bank Name & Account Number: Date Date Date Date Date Date Date Date | A. Certified: | Expenses/Cash Advance necessary loveful | | | | 6,160.0 | |
| C. Certified: Cash available Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed proper Signature Printed Name NICK FREDDY R. BELLO Position OIC Head, Accounting Unit/Authorized Representative Date Receipt of Payment Check/ DA No.: Date: Bank Name & Account Number: SACCOGE Debit Credit Approved for Payment Flatter Payment Credit Credit Approved for Payment Flatter D. Approved for Payment Flatter Approved Payment Flatter Agency Head/Authorized Representative Date Bank Name & Account Number: Ignature: Date Date Date Printed Name: Date | B. Accounting | ng Entry: | Agnation and Signatur | | | | |
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