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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------|------------------------------------------|------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>VISAYAS STATE UNIVERSITY</b><br>Entity Name                                                                                                             |        |                                                    | <b>Fund Cluster :</b><br><b>(01) RAF</b> |                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>DISBURSEMENT VOUCHER</b>                                                                                                                                |        |                                                    | Date: 12/3/2021                          |                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                            |        |                                                    | DV No. :                                 |                                                      |
| <b>Mode of Payment</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify) |        |                                                    |                                          |                                                      |
| <b>Payee</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>T &amp; A VARIETY STORE</b>                                                                                                                             |        | <b>TIN/Employee No.:</b><br><b>101-721-048-000</b> |                                          | <b>ORS/BURS No.:</b><br>MOOE 02-101101-2020-12-06220 |
| <b>Address</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>M.L. Quezon St., Baybay City, Leyte</b>                                                                                                                 |        |                                                    |                                          |                                                      |
| Particulars                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                            |        | Responsibility Center                              | MFO/PAP                                  | Amount                                               |
| <b>FULL</b> payment for the purchase of supplies/materials per Invoice # <u>0011</u> dated <u>3/30/2021</u> with all the required supporting paper hereto attached in the total amount of .....<br><br>Less: 1% GMP:        30.42<br>5% EWT: <u>152.12</u><br><br><div style="display: flex; justify-content: flex-end;">             Net Sales                      3,042.41<br/>             Add: 12% VAT                365.09<br/> <hr style="width: 100px;"/>             3,407.50           </div><br>P.O # : GF20-12-0834<br>PR # : PO20-11-0738<br>ITEM : OFFICE SUPPLIES<br><br><div style="display: flex; justify-content: flex-end;"> <b>Amount Due</b> </div> |                                                                                                                                                            |        | AQUATIC ECOSYSTEM DIVISION (ITEEM)                 | 303000000                                | 3,407.50                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                            |        |                                                    |                                          | 182.54                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                            |        |                                                    | <b>3,224.96</b>                          |                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                            |        |                                                    | <b>Warranty Security</b>                 |                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                            |        |                                                    | <b>LD</b>                                | -                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                            |        |                                                    | <b>3,224.96</b>                          |                                                      |
| <b>A.</b> Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                            |        |                                                    |                                          |                                                      |
| <b>JESSAMINE C. ECLEO</b><br>Printed Name, Designation and Signature of Supervisor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                            |        |                                                    |                                          |                                                      |
| <b>B.</b> Accounting Entry:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                            |        |                                                    |                                          |                                                      |
| Account Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                            |        | UACS Code                                          | Debit                                    |                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                            |        |                                                    |                                          |                                                      |
| <b>C. Certified:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                            |        | <b>D. Approved for Payment</b>                     |                                          |                                                      |
| <input type="checkbox"/> Cash available<br><input type="checkbox"/> Subject to Authority to Debit Account (when applicable)<br><input type="checkbox"/> Supporting documents complete and amount claimed proper                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                            |        |                                                    |                                          |                                                      |
| <b>Signature</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                            |        | <b>Signature</b>                                   |                                          |                                                      |
| <b>Signature Printed Name Position</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NICK FREDDY R. BELLO<br>OIC Head, Accounting Unit                                                                                                          |        | <b>Signature Printed Name</b>                      | EDGARDO E. TULIN<br>President            |                                                      |
| <b>Date</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                            |        | <b>Date</b>                                        |                                          |                                                      |
| <b>E. Receipt of Payment</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                            |        |                                                    |                                          | JEV No.                                              |
| Check/ ADA No. :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                            | Date : | Bank Name & Account Number:                        |                                          |                                                      |
| Signature :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | T & A VARIETY STORE                                                                                                                                        | Date : | Printed Name:                                      |                                          |                                                      |
| Official Receipt No. & Date/Other Documents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                            |        |                                                    |                                          |                                                      |