| VISAYAS STATE UNIVERSITY Entity Name DISBURSEMENT VOUCHER | | | | | Fund Cluster: 101 T 20401010-105 Date: Jun.13,2024 DV No.: |
|---|---|--------------------------|-----------------------------|---------------------------------------|---|
| Mode of Payment | MDS Check Com | mercial Check | ADA | Others (Please | e specify) |
| Payee | Saloma B. Gisulga | | TIN/Employee No.: | | ORS/BURS No.: |
| Address | Visayas State University, Visca, Ba | aybay City, Leyto | e | | |
| Particulars | | Responsibility Center | MFO/PAP | Amount | |
| To. REPLENISHMENT for the purchase of supplies for office use as per supporting papers hereto attached in the amount of | | ISRDS | 50203010 00 | 3244.90 | |
| Amount Due A. Certified: Expenses/Cash Advance necessary, lawfin and income | | | | 3,244.90 | |
| B. Accounting Entry: Account Title | | UACS Code | Debit | Credit | |
| C. Certified: | | D. Approved for Payment | | | |
| Ca: Sul | sh available oject to Authority to Debit Account (wlooporting documents complete and amoroper | | D, Approved | or Payment | |
| Signature | | | Signature | | |
| Printed Name | 1 | | Printed Name | PROSE | IVY G. YEPES |
| Position Accountant II | | | Position | President | |
| Date | Head, Accounting Unit/Authorized Representative | | Date | Agency Head/Authorized Representative | |
| | f.D | | Date | | Imy, s. |
| Check/ ADA No. : | Date : | | Bank Name & Account Number: | | JEV No. |
| Signature : Official Rece | Signature : SBGISULGA Tricial Receipt No. & Date/Other Documents | | Printed Name: | | Date |