JEV No.

Date

Bank Name & Account Number:

Printed Name:

VISAYAS STATE UNIVER			ΓY		Fund Cluster :
Entity Name					Trust Fund
TRS					06-Feb-23
DISBURSEMENT VOUCHER					DV No.:
Mode of Payment	MDS Check Commercial Check		ADA [Others (Please	specify)
Payee .	Jairah Joselle Allie S. Sarmiento]	TIN/Employee 1	No.:	ORS/BURS No.:
Address	VSU, Baybay City, Leyte				
a comment of the second of	Particulars	Re	sponsibility Center	MFO/PAP	Amount
in the amount	raduation expenses of ₱300.00 ing papers hereto attached		1050-10.79.1 DA Biotech	301000000	300.0
A. Certified:	Amount Due Expenses/Cash Advance necessary, lawful and inc ANABELLA Printed Name, Designation	В. Т	TULIN-TH		300.
B. Accounting	ng Entry:				
Account Title			UACS Code	e Debit	Credit
C. Certified:			D. Approved for Payment		
Cash available Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed proper)			
Signature			Signature		
Printed Name	NICK FREDDY R. BELLO		Printed Name	EDGA	RDO E. TULIN
Position Head, Accounting Unit/Authorized Representative		Position	Agency Head/	Authorized Representativ	
Date			Date	67	

Date:

Date:

E. Receipt of Payment

Official Receipt No. & Date/Other Documents

Check/ ADA No.:

Signature: