

ADA No.:

Signature:

Official Receipt No. & Date/Other Documents

VISAYAS STATE UNIVERSITY

Entity Name

Fund Cluster:

Trust Fund

DISBURSEMENT VOUCHER					DV No. :
Mode of Payment	MDS Check Commercial Check		ADA [Others (Plea	ase specify)
Payee	Dr. Ma. Theresa P. Loreto		TIN/Employee	e No.:	ORS/BURS No.:
Address	VSU, Baybay City, Leyte				
	Particulars	R	esponsibility Center	MFO/PAP	Amount
Scholarship I in the amount as per support Total amount - Less:w/tax Net amount:	onorarium as Scholarship Staff of the VSU- DA Biotech orogram from July 1, 2022 to September 30, 2022 to ft of \$\mathbb{P}6,000.00 (2,000.00 per month)\$ ting papers hereto attached 6,000.00 1,800.00 4,200.00 Amount Due Expenses/Cash Advance necessary, lawful and incurred unde	r my dir	DA-Biotech larship Program 201050-10.79.1	301000000	4,200.00
B. Account	Printed Name, Designation and Signing Entry:		_		
	Account Title		UACS Cod	le 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 EDGARDO E. TULIN		
Position	Head, Accounting Unit/Authorized Representative		Position Agency Head/Autl		Authorized Representativ
Date			Date		
	of Payment		In 137	Q. A	JEV No.
Check/	Date:		Bank Name &	x Account	1

Date:

Number:

Printed Name:

Date