Appendix 32 VISAYAS STATE UNIVERSITY **Fund Cluster: Entity Name** Date: Dec.27, 2021 **DISBURSEMENT VOUCHER #2021-102** DV No.: Mode of MDS Check Commercial Check ADA Others (Please specify) Payment TIN/Employee No.: Payee ORS/BURS No.: JOSEFINA M. LARROSA VSU Visca Baybay City, Leyte Address Responsibility Particulars MFO/PAP Amount Center Replenishment of expenses incurred of the Pavilion per supporting papers attached in the amount of - - - - -VSU Pavilion 200010000 34,980.00 **Amount Due** 34,980.00 A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. JOSEFINA M. LARROSA GHP Manager Accounting Entry: Account Title **UACS** Code Debit Credit

C. Certified:			D. Approved for Payment		
Cash available			-1 11	To I aj mont	
Supp	ect to Authority to Debit Account ( porting documents complete and am				
Signature			Signature		,
Printed Name	NICK FREDDY R. BELLO		Printed Name	EDGARDO E. TULIN	
Position	OIC HEAD ACCOUNTING		Position	VSU PRESIDENT	
	Head, Accounting Unit/Authorized Representative			Agency Head/Authorized Representative	
Date			Date		
E. Receipt of	Payment				JEV No.
Check/ ADA No. :		Date :	Bank Name & A	k Name & Account Number:	
Signature :		Date :	Printed Name:  JOSEFINA M. LARROSA		Date
Official Receipt	No. & Date/Other Documents				