

 <b>VISAYAS STATE UNIVERSITY</b> Entity Name <b>DISBURSEMENT VOUCHER</b>		Fund Cluster :	
		<b>(01) RAF</b> Date: 12/28/2021 DV No. :	
Mode of Payment	<input type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify)		
Payee	<b>LABSOLUTION TECHNOLOGIES INC.</b>	TIN/Employee No.:	ORS/BURS No.:
Address	<b>ALP Tower 3rd Floor Unit 4, 609-Tres de Abril St.,</b>	<b>0</b>	<b>0</b>
Particulars		Responsibility Center	MFO/PAP
<b>TO REFUND OVERPAYMENT</b> of BID DOCS per OR # <u>0604381</u> dated <u>11/4/2021</u> with all the required supporting paper hereto attached in the total amount of .....  P.O # : GOODS-22-01 PR # : 0 ITEM : <b>REFUND OF BID DOCS</b>  <div style="text-align: right;"><b>Amount Due</b></div>		0	0
			<b>LD</b>
			20,000.00
			-
			-
			<b>20,000.00</b>
<b>A.</b> Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.  <div style="text-align: center;"> <b>JESSAMINE C. ECLEO</b>          Printed Name, Designation and Signature of Supervisor       </div>			
<b>B.</b> Accounting Entry:			
Account Title		UACS Code	Debit
<b>C. Certified:</b> <input type="checkbox"/> Cash available <input type="checkbox"/> Subject to Authority to Debit Account (when applicable) <input type="checkbox"/> Supporting documents complete and amount claimed proper		<b>D. Approved for Payment</b>	
Signature Printed Name Position	<b>NICK FREDDY R. BELLO</b> OIC Head, Accounting Unit	Signature Printed Name	<b>EDGARDO E. TULIN</b> President
<b>E. Receipt of Payment</b>			JEV No.
Check/ ADA No. :		Date :	Bank Name & Account Number:
Signature :	LABSOLUTION TECHNOLOGIES INC.	Date :	Printed Name:
			Date
Official Receipt No. & Date/Other Documents			