**VISAYAS STATE UNIVERSITY**
**Entity Name**

# DISBURSEMENT VOUCHER

**Fund Cluster :** Trust Fund
17-Jul-23
**DV No. :**

| | | | |
|---|---|---|---|
| **Mode of Payment** | ☐ MDS Check ☐ Commercial Check ☐ ADA ☐ Others (Please specify) | | |
| **Payee** | **Ma. Theresa P. Loreto** | TIN/Employee No.: | ORS/BURS No.: |
| **Address** | **VSU, Baybay City, Leyte** | | |

| Particulars | Responsibility Center | MFO/PAP | Amount |
|---|---|---|---|
| To replenish Communication expenses<br>in the amount of 1,000php<br>as per supporting papers hereto attached.... | DA Biotech<br>20201050-10.79 .1 | 301000000 | **1,000.00** |
| **Amount Due** | | | **1,000.00** |

**A.** Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.

**ANABELLA B. TULIN**
Printed Name, Designation and Signature of Supervisor

**B.** Accounting Entry:

| Account Title | UACS Code | Debit | Credit |
|---|---|---|---|
| | | | |

| **C. Certified:** | | **D. Approved for Payment** | |
|---|---|---|---|
| ☐ Cash available<br>☐ Subject to Authority to Debit Account (when applicable)<br>☐ 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/Authorized Representative |
| Date | | Date | |

| **E. Receipt of Payment** | | | | JEV No. |
|---|---|---|---|---|
| Check/ ADA No. : | | Date : | Bank Name & Account Number: | |
| Signature : | | Date : | Printed Name: | Date |
| Official Receipt No. & Date/Other Documents | | | | |