

 <div style="text-align: center;"> <b>VISAYAS STATE UNIVERSITY</b>  <b>Entity Name</b>  <b>DISBURSEMENT VOUCHER</b> </div>		Fund Cluster :	
		<b>PCC</b>	
		Date: 12/14/2021	
		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	TACLOBAN TAP COMMERCIAL INC.	TIN/Employee No.:	ORS/BURS No.:
Address	#26-28 P. Gomez St. Brgy. #19 Tacloban City	004-301-284-000	02-2021-07-116
Particulars		Responsibility Center	MFO/PAP
<b>FULL</b> payment for the purchase of supplies/materials per Invoice # <u>08989-90</u> dated <u>9/17/2021</u> with all the required supporting paper hereto attached in the total amount of .....  Less: 1% GMP:        222.50 5% EWT: <u>1,112.48</u>  <div style="text-align: right;">           Net Sales                      22,249.55            Add: 12% VAT                2,669.95  <hr/>           24,919.50         </div>		05-010-00000-04-11	05-010-0000-04-11-01;03
P.O # : GOODS-21-24-091 (TF) PR # : PCCPR21-004 ITEM : OFFICE SUPPLIES  <div style="text-align: right;"><b>Amount Due</b></div>		<b>Warranty Security</b>  <b>LD</b>	24,919.50  1,334.98  <b>23,584.52</b>  -  <b>23,584.52</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>            Head, Office of the Head for Procurement         </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		Signature	
Signature Printed Name Position	NICK FREDDY R. BELLO OIC Head, Accounting Unit	Signature Printed Name	EDGARDO E. TULIN President
Date		Date	
<b>E. Receipt of Payment</b>		JEV No.	
Check/ ADA No. :	Date :	Bank Name & Account Number:	
Signature :	Date :	Printed Name:	
TACLOBAN TAP COMMERCIAL INC.			
Official Receipt No. & Date/Other Documents			