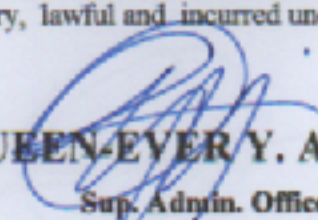
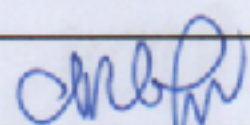


|                                                                                                                                                                                                                                                                                                                   |                                                                                     |                                                                                                                                                                       |                                           |                                                    |      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------|------|
| <b>VISAYAS STATE UNIVERSITY</b>                                                                                                                                                                                                                                                                                   |                                                                                     | Entity Name                                                                                                                                                           |                                           | Fund Cluster :<br>VSU-47                           |      |
| <b>DISBURSEMENT VOUCHER</b>                                                                                                                                                                                                                                                                                       |                                                                                     |                                                                                                                                                                       |                                           | Date : March 24, 2023                              |      |
|                                                                                                                                                                                                                                                                                                                   |                                                                                     |                                                                                                                                                                       |                                           | DV No. :                                           |      |
| Mode of Payment                                                                                                                                                                                                                                                                                                   |                                                                                     | <input type="checkbox"/> MDS Check <input checked="" type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify) |                                           |                                                    |      |
| Payee                                                                                                                                                                                                                                                                                                             |                                                                                     | LAND BANK OF THE PHILIPPINES                                                                                                                                          |                                           | TIN/Employee No. :    ORS/BURS No. :               |      |
| Address                                                                                                                                                                                                                                                                                                           |                                                                                     | Baybay City, Leyte                                                                                                                                                    |                                           |                                                    |      |
| Particulars                                                                                                                                                                                                                                                                                                       |                                                                                     | Responsibility Center                                                                                                                                                 | MFO/PAP                                   | Amount                                             |      |
| TO FUND TRANSFER in the amount of ONE MILLION FOUR HUNDRED SEVENTEEN THOUSAND FOUR HUNDRED TWELVE AND 50/100 PESOS (1,417,412.50) salary of J.O., Salary, Honoraria, Replenishment, Reimbursement charge to VSU-HOSPITAL-47-MOOE with all the required supporting papers<br><br><b>FUND -VSU-HOSPITAL-47-MOOE</b> |                                                                                     |                                                                                                                                                                       |                                           | P 1,417,412.50                                     |      |
|                                                                                                                                                                                                                                                                                                                   |                                                                                     |                                                                                                                                                                       |                                           | P 1,417,412.50                                     |      |
| <b>Amount Due</b>                                                                                                                                                                                                                                                                                                 |                                                                                     |                                                                                                                                                                       |                                           | P 1,417,412.50                                     |      |
| <b>A.</b> Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.                                                                                                                                                                                                            |                                                                                     |                                                                                                                                                                       |                                           |                                                    |      |
| <br><b>QUEEN-EVERY Y. ATUPAN</b><br>Sup. Admin. Officer<br>Printed Name, Designation and Signature of Supervisor                                                                                                              |                                                                                     |                                                                                                                                                                       |                                           |                                                    |      |
| <b>B.</b> Accounting Entry:                                                                                                                                                                                                                                                                                       |                                                                                     |                                                                                                                                                                       |                                           |                                                    |      |
| Account Title                                                                                                                                                                                                                                                                                                     |                                                                                     | UACS Code                                                                                                                                                             | Debit                                     | Credit                                             |      |
|                                                                                                                                                                                                                                                                                                                   |                                                                                     |                                                                                                                                                                       |                                           |                                                    |      |
| <b>C. Certified:</b>                                                                                                                                                                                                                                                                                              |                                                                                     |                                                                                                                                                                       | <b>D. Approved for Payment</b>            |                                                    |      |
| <input type="checkbox"/> Cash available<br><input type="checkbox"/> Subject to Authority to Debit Account (when applicable)<br><input type="checkbox"/> Supporting documents complete and amount claimed proper                                                                                                   |                                                                                     |                                                                                                                                                                       |                                           |                                                    |      |
| Signature                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                       | Signature                                 |                                                    |      |
| Printed Name                                                                                                                                                                                                                                                                                                      | <b>NICK FREDDY R. BELLO</b>                                                         |                                                                                                                                                                       | Printed Name                              | <b>EDGARDO E. TULIN</b>                            |      |
| Position                                                                                                                                                                                                                                                                                                          | Accountant II<br>OIC Head, Accounting Unit/Authorized                               |                                                                                                                                                                       | Position                                  | President<br>Agency Head/Authorized Representative |      |
| Date                                                                                                                                                                                                                                                                                                              |                                                                                     |                                                                                                                                                                       | Date                                      |                                                    |      |
| <b>E. Receipt of Payment</b>                                                                                                                                                                                                                                                                                      |                                                                                     |                                                                                                                                                                       |                                           | JEV No.                                            |      |
| Check/ADA No. :                                                                                                                                                                                                                                                                                                   |                                                                                     |                                                                                                                                                                       | Bank Name & Account Number:<br>LBP BAYBAY |                                                    | Date |
| Signature :                                                                                                                                                                                                                                                                                                       |                                                                                     |                                                                                                                                                                       | Printed Name:                             |                                                    |      |
| LAND BANK OF THE PHILIPPINES                                                                                                                                                                                                                                                                                      |                                                                                     |                                                                                                                                                                       |                                           |                                                    |      |
| Official Receipt No. & Date/Other Documents                                                                                                                                                                                                                                                                       |                                                                                     |                                                                                                                                                                       |                                           |                                                    |      |