Appendix 32

| Republic of the Philippines  Department of Science and Technology  SCIENCE EDUCATION INSTITUTE  1st and 2nd Level Science Heritage Bldg., DOST Compound, Bicutan, Taguig City  DISBURSEMENT VOUCHER |   |  |   | Fund Cluster :                           |
|---|---|--|---|--|
|   |   |  |   |  |
|   |   |  |   | Date: D* July 15. 2034                   |
| Mode of<br>Payment  | MDS Check Commercial Check ADA Others (Please specify)  |  |   |  |
| Payee   | VISAYAS STATE UNIVERSITY - 101TRUST   |  | l/Employee No.:                         | ORS/BURSING.: 1775<br>02-101101-2024-07- |
| Address   | Baybay City, Leyte  |  |   |  |
|   | Joseph Only, 2016   | Responsib<br>Center                                | MFO/PAP                                 | Amount                                   |
|   |   | Center   |   |  |
| For deposit   | of fund for the implementation of ASTHRDP (Equipment Outlay)  | STSD   | 2A1-104                                 | 250,000.00                               |
|   | SCENCE OF THE PROPERTY OF THE | EDUCATION  | NSTINUTE                                |  |
|   | SCIENCE EDUCATION INSTITUTE ACCOUNTING UNIT   | CASHER   | D                                       | 2337                                     |
|   | Science Educat<br>Cash and Disbu  | rsement Unit                                       |   | 20 02                                    |
|   | RECEI   | VED  |   |  |
|   |   |  |   | 250,000.00                               |
| A. Certified  | : Expenses/Cash Advance necessary, lawful and incurred under my direct sur  | ervision.  |   |  |
|   | PETER GERRY P. GAVINA   |  |   |  |
| 14  | Chief SRS, STSD   |  |   |  |
| B. Account  | ting Entry:   | UACS C   | ode Del                                 | oit Credit                               |
|   |   | 10303010   |   | 250,000                                  |
| C. Certified  | i:  | D. Approved  | for Payment                             | St. 3/23                                 |
| Su Su   | sh available bject to Authority to Debit Account (when applicable) pporting documents complete and amount claimed roper   |  |   |  |
| Signature   |   |  | Signature                               |  |
| Printed<br>Name   | SHEENA MAE K. BALA-OY   | Printed Name ALBERT G. MARIÑO                      |   |  |
| Position  | Accountant III  |  | Director III and OIC, SEI               |  |
|   | (Head, Accounting Unit/Authorized Representative)   |  | (Agency Head/Authorized Representative) |  |
| Date - Receipt  | of Payment  | Date   |   | JEV No.                                  |
| Check/<br>ADA No. :   | 2024071747 Date: JUL 2 9 2024 Bank Nar  | me & Account Number:<br>count No. 3572 - 1000 - 48 |   |  |
| Signature :   | Date : Printed N eipt No. & Date/Other Documents  | ail#C.   |   | Date                                     |