



Republic of the Philippines
VISAYAS STATE UNIVERSITY
 Visca, Baybay City, Leyte

DISBURSEMENT VOUCHER

FUND CLUSTER:

MODE OF PAYMENT
 MDS CHECK COMMERCIAL CHECK ADA OTHERS _____

DATE: 11/19/21
 DVD NO.:

PAYEE/OFFICE

Veterinary Teaching Hospital (Account #: 40201990-99)

TIN/Employee No.

OS/BUS No.

ADDRESS:

VSU, Baybay City, Leyte

PARTICULARS	RESPONSIBILITY CENTER	MFO/PAP	AMOUNT
Payment for the Consultation fee and B-Complex vitamin as per papers attached...	Seedbank C		P 300.00

A CERTIFIED: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. **AMOUNT DUE** → P 300.00

JEROME O. ARRIBADO
 Manager, Seedbank C, Eco-FARMI

B ACCOUNTING ENTRY:

ACCOUNT TITLE	UACS CODE	DEBIT	CREDIT

C CERTIFIED:

Cash available
 Subject to Authority to Debit Account (when applicable)
 Supporting documents complete and amount claimed

SIGNATURE _____
 PRINTED NAME **NICK FREDDY BELLO**
 POSITION Chief Accountant
 (Head, Accounting Unit/Authorized Representative)
 DATE _____

D APPROVED FOR PAYMENT:

SIGNATURE _____
 PRINTED NAME **EDGARDO E. TULIN**
 POSITION President
 (Agency Head/Authorized Representative)
 DATE _____

E RECEIPT OF PAYMENT:

CHECK / ADA NO.:	DATE:	BANK NAME & ACCOUNT NUMBER:	JEV NO.
SIGNATURE:	DATE:	PRINTED NAME:	DATE:

OFFICIAL RECEIPT NO. & DATE/OTHER DOCUMENTS:

