

 <b>VISAYAS STATE UNIVERSITY</b> Entity Name		<b>Fund Cluster :</b> 101 Trust (2020-1050-25)	
<b>DISBURSEMENT VOUCHER</b>		<b>Date : March 9, 2022</b> <b>DV No. :</b>	
<b>Mode of Payment</b>	<input type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify)		
<b>Payee</b>	ANALYN M. MAZO	<b>TIN/Employee No.:</b>	<b>ORS/BURS No.:</b>
<b>Address</b>	DBS, Visca Baybay City, Leyte		
<b>Particulars</b>		<b>Responsibility Center</b>	<b>MFO/PAP</b>
Reimbursement for the purchased of material(s) used in field sampling as per supporting papers hereto attached in the amount of .....		101 Trust (2020-1050-25)	Amount 5,169.00
<b>Amount Due</b>			<b>5,169.00</b>
<b>A. Certified:</b> Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.			
<b>MA. THERESA P LORETO</b> Printed Name, Designation and Signature of Supervisor			
<b>B. Accounting Entry:</b>			
Account Title		UACS Code	Debit      Credit
(Empty row for accounting entry)			
<b>C. Certified:</b>		<b>D. Approved for Payment</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		Signature: _____	
Signature: _____		Signature: _____	
Printed Name: <b>NICK FREDDY R. BELLO</b>		Printed Name: <b>EDGARDO E. TULIN</b>	
Head, Accounting Unit/Authorized Representative		Agency Head/Authorized Representative	
Date: _____		Date: _____	
<b>E. Receipt of Payment</b>			JEV No.
Check/ADA No. :	Date :	Bank Name & Account Number:	(Empty space for JEV No.)
Signature :	Date :	Printed Name:	
Official Receipt No. & Date/Other Documents			