
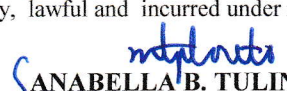


| | | | |
|---|--|---------------------------------|---------------------------------------|
|  VISAYAS STATE UNIVERSITY Entity Name DISBURSEMENT VOUCHER | | Fund Cluster : | |
| | | Trust Fund | |
| | | Nov. 4, 2022 | |
| | | DV No. : | |
| Mode of Payment | <input type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify) | | |
| Payee | Ma. Theresa P. Loreto | TIN/Employee No.: | ORS/BURS No.: |
| Address | VSU, Baybay City, Leyte | | |
| Particulars | | Responsibility Center | MFO/PAP |
| To replenish communication expenses in the amount of as per supporting papers hereto attached.... | | DA Biotech 20201050-10.79 .1 | 301000000 |
| Amount Due | | | 1,500.00 |
| A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. <div style="text-align: center;">  ANABELLA B. TULIN Printed Name, Designation and Signature of Supervisor </div> | | | |
| B. Accounting Entry: | | | |
| Account Title | | UACS Code | Debit |
| | | | |
| C. Certified: | | D. Approved for Payment | |
| <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 | |
| Printed Name | NICK FREDDY R. BELLO | Printed Name | EDGARDO E. TULIN |
| Position | Head, Accounting Unit/Authorized Representative | Position | Agency Head/Authorized Representative |
| Date | | Date | |
| E. Receipt of Payment | | | JEV No. |
| Check/ADA No. : | Date : | Bank Name & Account Number: | |
| Signature : | Date : | Printed Name: | Date |
| Official Receipt No. & Date/Other Documents | | | |