	DISBURSEMENT VOUC			Fund Cluster : Date : 9-Dec-24 DV No. :
de of	Commercial Check	ADA	Others (Please	specify)
ment		TIN/Employee N	0.:	ORS/BURS No.:
yee El	D ALLAN L. ALCOBER	The Particular States of Control States on Contr		
dress	ISCA BAYBAY CITY LEYTE			
uress		Responsibility	MFO/PAP	Amount
	Particulars	Center	WI O/T AT	
To liquidat	te AGRONOMY Petty cash as per supporting ereto attached in the amount of			5,012.0
				e extractive and tractions
	Amount Due Expenses/Cash Advance necessary, lawful and inc			
. Accountin	Printed Name, Designation and general Entry:	UACS Code	e Debit	Credit
. Accountin		UACS Code	e Debit	Credit
wperse	g Entry: Account Title		Subrus Subrus Subrus	Credit
C. Certified:	g Entry: Account Title	D. Approved	Subrus Subrus Subrus	Credit
C. Certified:	g Entry: Account Title n available	D. Approved	Subrus Subrus Subrus	Credit
C. Certified:	g Entry: Account Title	D. Approved	Subrus Subrus Subrus	Credit
C. Certified: Casl Sub	g Entry: Account Title n available	D. Approved	Subrus Subrus Subrus	Credit
C. Certified: Casl Sub	g Entry: Account Title Account Title n available ject to Authority to Debit Account (when applicable) porting documents complete and amount claimed	D. Approved	Subrus Subrus Subrus	Credit
C. Certified: Casl Sub Sup pre	g Entry: Account Title Account Title n available ject to Authority to Debit Account (when applicable porting documents complete and amount claimed oper	D. Approved	for Payment	SE IVY G. YEPES
C. Certified: Casl Sub Sup pre	g Entry: Account Title Account Title Account Title Available ject to Authority to Debit Account (when applicable porting documents complete and amount claimed oper NICK FREDDY R. BELLO Accountant IV	D. Approved Signature Printed Name	for Payment	SE IVY G. YEPES President
C. Certified: Casl Sub Sup pre	g Entry: Account Title Account Title Available ject to Authority to Debit Account (when applicable porting documents complete and amount claimed oper NICK FREDDY R. BELLO	D. Approved Signature Printed Name Position	for Payment	SE IVY G. YEPES
C. Certified: Casl Sub Sup pre	g Entry: Account Title Account Title Account Title Available ject to Authority to Debit Account (when applicable porting documents complete and amount claimed oper NICK FREDDY R. BELLO Accountant IV	D. Approved Signature Printed Name	for Payment	SE IVY G. YEPES President VAuthorized Representation
C. Certified: Casl Sub Sup pro Signature Printed Name Position Date	g Entry: Account Title Account Title Account Title Available ject to Authority to Debit Account (when applicable porting documents complete and amount claimed oper NICK FREDDY R. BELLO Accountant IV Head, Accounting Unit/Authorized Representate of Payment	D. Approved Signature Printed Name Position Date	for Payment PRO	SE IVY G. YEPES President //Authorized Representati
Signature Printed Name Position Date E. Receipt of Check/	g Entry: Account Title Account Title Account Title Available ject to Authority to Debit Account (when applicable porting documents complete and amount claimed oper NICK FREDDY R. BELLO Accountant IV Head, Accounting Unit/Authorized Representate of Payment Date:	Signature Printed Name Position Date Bank Name &	PRO Agency Head	SE IVY G. YEPES President //Authorized Representation JEV No.
C. Certified: Cash Sub Sup pre Signature Printed Name Position Date E. Receipt of	Account Title Account Title Account Title Account Title Account Title Account Title Account (when applicable porting documents complete and amount claimed oper NICK FREDDY R. BELLO Accountant IV Head, Accounting Unit/Authorized Representate Of Payment Date: Date:	D. Approved Signature Printed Name Position Date	PRO Agency Head	SE IVY G. YEPES President //Authorized Representati