VIS

Entity Name

DISBURSEMENT VOUCHER

nd Cluster :

164-STF

Date : October 19, 2022

DV No. :

Mode of Payment	☐ MDS Check ☒ Commercial Check ☐ ADA ☐ Others (Please specify)		
Payee	Ma. Melissa F. Mendoza	TIN/Emplyee No.:	ORS/BURS No.:
Address	Baybay City, Leyte		

Particulars	Responsibility Center	MFO/PAP	Amount
TO Replenishment of Petty Cash Advance Under Fund 164-STF-MOOE as per supporting Papers hereto attached in the amount of.			P 4,808.15
FUND 164-STF-M00E			
Amount Due			P 4,808.15

A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.

10/21/22

QUEEN-EVER Y. ATUPAN

Sup. Admin. Officer

Printed Name, Designation and Signature of Supervisor

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 proper

D. **Approved for Payment**

Signature		Signature	
Printed Name	NICK FREDDY R. BELLO	Printed Name	EDGARDO E. TU
Position	Accountant II OIC Head, Accounting Unit/Authorized	Position	President Agency Head/Authorized
Date		Date	

E. **Receipt of Payment**

Check/ ADA No. :			Bank Name & Account Number: LBP BAYBAY	JEV No.
Signature :			Printed Name:	Date

Ma. Melissa F. Mendoza

Official Receipt No. & Date/Other Documents