


<b>Entity Name</b> <b>DISBURSEMENT VOUCHER</b>		<b>Fund Cluster :</b> <b>Date :</b> <b>DV No. :</b>	
<b>Mode of Payment</b>	<input type="checkbox"/> MDS Check <input checked="" type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify)		
<b>Payee</b>	<b>Abit et.al.</b>	TIN/Employee No.:	ORS/BURS No.:
<b>Address</b>	Visca, Baybay City, Leyte		
Particulars		Responsibility Center	MFO/PAP      Amount
To reimburse the Registration fee paid during International Agri-Life and Bioresource Sciences: Collaborative Innovations for a Resilient Future held on March 16-19, 2025 at the RDE Hall.			6,000.00
<b>Amount Due</b>			6,000.00
<b>A.</b>	Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.  <div style="text-align: center;">   <b>LUZ G. ASIO</b>          Head, DA       </div>		
<b>B.</b>	Accounting Entry:		
Account Title		UACS Code	Debit      Credit
<b>C.</b>	<b>Certified:</b> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Supporting documents complete and amount claimed		<b>D. Approved</b>   <b>Approved for</b>  
Signature			Signature
Printed Name	NICK FREDDY R. BELLO		Printed Name
Position	Head, Accounting Office		Position
	Head, Accounting Unit/Authorized Representative		PROSE IVY G. YEPES PRESIDENT Agency Head/Authorized Representative
Date			Date
<b>E.</b>	<b>Receipt of Payment</b>		
Check/ADA No. :		Date :	Bank Name & Account Number:
Signature :		Date :	Printed Name:
Official Receipt No. & Date/Other Documents			