11	Of the second		424		Appendix 32	
Entity Name DISBURSEMENT VOUCHER					Fund Cluster : Date : 27-Feb-23	
					DV No. :	
Mode of Payment	MDS Check Commercial	Check	ADA	Others (Pleas	se specify)	
Payee	Vermiculture Project		TIN/Employee	No.:	ORS/BURS No.:	
Address	Visca, Baybay City, Leyte					
	Particulars		Responsibility Center	MFO/PAP	Amount	
Vermicast Organic Fertilizer			101T-20201050-		Php 18, 000.00	
-5		1.	12			
	Amount Due	/			Php 18, 000.00	
A. Certified:	Expenses/Cash Advance necessary, lawful a	and ince	rred under my dire	ect supervision.	-	
	ED ALLA	AN IJ.	LCOBER			
		ct Study	Leader			
B. Accounting			1			
Account Title			UACS Code	e Debit	Credit	
C. Certified:			D. Approved	D. Approved for Payment		
Cash available					-	
	ect to Authority to Debit Account (when applied					
Supporting documents complete and amount claimed						
prope	r					
Signature Printed Name			Signature		EDCAPDO E MILITAR	
Position			Printed Name Position		EDGARDO E. TULIN	
* Date	riead, Accounting Office		Date	President		
E. Receipt of	Payment		Date		JEV No.	
Check/ ADA No. :	Date :		Bank Name & A	Account Number:		
Signature :	Date :		Printed Name:		Date	
	ot No. & Date/Other Documents				Date	

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