Appendix 32

	Fund Cluster:									
	Date : 27 March 2023 DV No. :									
Mode of Payment	MDS Check Commercial Check ADA Others (Please specify)									
Payee	Payee CHARLINDO S. TORRION			lo.:	ORS/BURS No.:					
Address	Address VSU, Visca, Baybay City, Leyte									
	Particulars	F	Responsibility Center	MFO/PAP	Amount					
TO CASH ADVANCE for urgently needed supplies for the Project WAIS					5,000.00					
	Amount Due				5,000.00					
		HARLIE S. Department of	ANDAN of Meteorology							
B. Accounti	ing Entry:		TIA CO. C. 1	1 5						
	Account Title		UACS Code	Debit	Credit					
C. Certified	:		D. Approved fo	l r Pavment						
	sh available		- 11	•						
Sup	oject to Authority to Debit Account (when oporting documents complete and amount oper									
Signature			Signature							
Printed Name	NICK FREDDY R. BELLO		Printed Name	EDGARDO E. TULIN						
D:4:	Position Head, Accounting Unit/Authorized Representative		Position	President						
Position			FOSITION	Agency Head/Authorized Representative						
Date			Date							
E. Receipt of			D1 - NJ 0 - A	NT1	JEV No.					
Check/ ADA No.:	Date	:	Bank Name & A	ccount Number:						
Signature:	Date	:	Printed Name:		Date					
Official Rece	ipt No. & Date/Other Documents									