

VISA

Entity Name

Cluster :

164-STF

Date : AUGUST 25, 2022

DV No. :

DISBURSEMENT VOUCHER

Mode of
Payment☐ MDS Check☒ Commercial Check☐ ADA☐ Others (Please specify)

Payee

Ma. Melissa F. Mendoza

TIN/Employee 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 1,280.00

FUND : 164-STF.-MOOE

Amount Due

P 1,280.00

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

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. TULIN

Position

Accountant II

Position

President

OIC Head, Accounting Unit/Authorized

Agency Head/Authorized Representative

Date

Date

E. Receipt of Payment

JEV No.

Check/
ADA No. :Bank Name & Account Number:
LBP BAYBAY

Signature :

Printed Name:

Date

Ma. Melissa F. Mendoza

Official Receipt No. & Date/Other Documents