

Fund Cluster:

DOST-NRCP 20201050-10.6.23

Date: November 29, 2021

DISBURSEMENT VOUCHER						DV No.:			
Mode of Payment		MDS check		Commercial Check			ADA	Others (Specify)	
PAYEE	ANA MARQUIZA M. QUILICOT et. al.				TIN/Employee No.:		ORS/BUR No.:		
Address	COLLEGE	OF VETERINARY	MEDICI	NE, Visayas State Universit	y, Vis	sca, Baybay	City, Leyte		
PARTICULARS						sponsibility Center	MFO/PAP	Amount	
To replenish the travel expenses as per supporting papers hereto attached in the amount of						OST-NRCP	*	1,350.00	
300							Total	1,350.00	
B Account	ting Entry			ANA MARQUIZA M Project Leader/He	_				
D Account	B Accounting Entry Account Title						Debit	Credit	
						Ib-			
C Certified:						Approved	for Payment		
Subj		rity to Debit Acco							
Signature: Printed Name: Position Date		NICK FREDDY R. BELLO OIC Head, Accounting Division			Prir Pos	Signature Printed Name Position Position Agency Head/Authorized Representa		sident	
E Receipt of Payment						JEV No.			
Check/ ADA No.:			Date		Ban	Bank Name & Account Numbe			
NAME AND ADDRESS OF TAXABLE PARTY.	THE RESERVE AND ADDRESS.	RQUIZA M. QU Date/Other Do	THE RESERVE OF THE PERSON NAMED IN						