Mode of Payment M. McCommercial Check ADA Others (Please specify) Payee Ma. Mclissa F. Mendoza TINEmplyee No.: ORS/BURS No.: Particulars Responsibility Center Particulars Responsibility MFO/PAP Amount Center To Replenishment of Petty Cash Advance Under Fund 101-GF-MOOE as per supporting papers hereto attached in the amount of FUND 101-GEN-MOOE Amount Due P 4,255.00 FUND 101-GEN-MOOE Amount Due Certified: Expenses/Cash Advance necessary, Invital and incurred under my direct supervision. FUND 101-GEN-MOOE Account Mana. Designation and Signature of Supervisor Account Title UACS Code Debit Credit Certified: Account Title UACS Code Debit Credit Supporting documents complete and amount claimed proper Signature Signature NICK FREDDY R. BELLO Printed Name NICK FREDDY R. BELLO Date Receipt of Payment JEV No. JEV No. JEV No. JEV No. JEV No. LDP BAYBAY Printed Name: Date Date	DISBURSEMENT VOUCHER					Date : July 13, 2022 DV No. :	
Particulars Particulars Responsibility Center MFO/PAP Amount To Replenishment of Petty Cash Advance Under Fund 101-GF- MOOE as per supporting papers hereto attached in the amount of		MDS Check X Comme	rcial Check	ADA	Others (Plea	se specify)	
Particulars Responsibility Center To Replenishment of Petty Cash Advance Under Fund 101-GF-MOOE as per supporting papers hereto attached in the amount of	Payee	Ma. Melissa F. M	fendoza	TTN/Emply	e No.:	ORS/BURS	No.:
To Replenishment of Petty Cash Advance Under Fund 101-GF-MODE as per supporting papers hereto attached in the amount of	Address	Baybay City, Leyte					
FUND 101-GEN-MODE Amount Due P 4,255.00 Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. Alt 21/22 QUEEN-EVER Y. ATUPAN Sup. Admin. Officer Printed Name, Designation and Signature of Supervisor Account Title UACS Code Debit Credit Certified: Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed proper Signature Signature Signature NICK FREDDY R. BELLO Printed Name NICK FREDDY R. BELLO Position Accountant II OIC Head, Accounting Unit/Authorized Date Receipt of Payment Check/ DANO: 489587 7/5/2022 Bank Name & Account Number: LBP BAYBAY JEV No. JEV No. JEV No.		Particulars			- M	FO/PAP	Amount
Amount Due P 4,255.00 Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. Alight 2013/72 QUEEN-EVER Y. ATUPAN Sup. Admin. Officer	MOOE as a	per supporting papers hereto attach				P	4,255.00
Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. Account Title QUEEN-EVER Y. ATUPAN Sup. Admin. Officer Printed Name. Designation and Signature of Supervisor	FUND 101-		nount Due			D	4 255 00
Account Title UACS Code Debit Credit Credit D. Approved for Payment Cash available Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed proper Signature NICK FREDDY R. BELLO Position Accountant II OIC Head, Accounting Unit/Authorized Date Date Date Date Date Debit Credit Credit Credit Approved for Payment Finted Name FDGARDO E. TULIN Position Agency Head/Authorized Representative Date Date Date Date Date Date Bank Name & Account Number: LBP BAYBAY JEV No.	Assenting	Printed Name, I	N-EVER Y Sup. Admin. O	. ATUPAN	or		
Certified: D. Approved for Payment Cash available Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed proper Signature Signature Signature Printed Name EDGARDO E. TULIN Position Accountant II Position President OIC Head, Accounting Unit/Authorized Date Recelpt of Payment JEV No. Check/ LDA No. : 459587 7/5/2022 Bank Name & Account Number: LBP BAYBAY Cash available D. Approved for Payment Signature Printed Name EDGARDO E. TULIN Position President Agency Head/Authorized Representative Date Date Date Date Recelpt of Payment JEV No. Check/ LBP BAYBAY LBP BAYBAY	. Accounting			UACS Code	Debit		Credit
Cash available Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed proper Signature NICK FREDDY R. BELLO Printed Name NICK FREDDY R. BELLO Printed Name EDGARDO E. TULIN Position Accountant II OIC Head, Accounting Unit/Authorized Date Receipt of Payment Check/ DA No.: JEV No. JEV No.							
Printed Name NICK FREDDY R. BELLO Position Accountant II OIC Head, Accounting Unit/Authorized Date Receipt of Payment Check/ DA No.: Printed Name Position Position Position Agency Head/Authorized Representative Date Date JEV No. Bank Name & Account Number: LBP BAYBAY	Cash a Subject Support	t to Authority to Debit Account (when rting documents complete and amount		D. Approved for l	Payment		
Position Accountant II	Signature			Signature			
OIC Head, Accounting Unit/Authorized Position Agency Head/Authorized Representative Date Date Receipt of Payment Check/ DA No.: 459587 7/5/2022 Bank Name & Account Number: LBP BAYBAY	inted Name	NICK FREDDY R. BELLO		Printed Name	EDGARDO E. T		. TULIN
Date Receipt of Payment JEV No. Check/ DA No. : 459587 7/5/2022 Bank Name & Account Number: LBP BAYBAY LBP BAYBAY	Position		horized				
Check/ ADA No.: 459587 7/5/2022 Bank Name & Account Number: LBP BAYBAY	Date	1 8		Date			
ADA No.: 459587 7/5/2022 LBP BAYBAY	Receipt of P	ayment				JEV No.	
Printed Name: Date		459587	7/5/2022		unt Number:		
	Check/ ADA No. :					10.	