1					
Entity Name DISBURSEMENT VOUCHER				Fund Cluster:	
				Date : 5/8/2023 DV No. :	
Mode of Payment	MDS Check Commercial Chec	ck ADA	Others (Ple	ease specify)	
Payee	DHENBER C. LUSANTA	TIN/Employ	yee No.:	ORS/BURS No.:	
Address	VSU, Visca, Baybay City, Leyte				
	Particulars	Responsibility Center	MFO/PAP	Amount	
Replenis	shment of Petty Cash fund as per papers attached			5,005.0	
	Amount Due				
A. Certified:	Expenses/Cash Advance necessary, lawful and in	curred under my dir	ect supervision	5,005.0	
B. Accounting	Printed Name, Designation	ARRIBADO and Signature of Su	pervisor		
	Account Title	TIACCO			
		UACS Coo	de Debit	Credit	
Certified:					
	available	D. Approved	for Payment		
Supp	ect to Authority to Debit Account (when applicable) orting documents complete and amount claimed per				
Signature		Signature			
Printed Name	NICK FREDDY R. BELLO	Printed Name			
Position	THE DELLO	Timed Italic	EDGARDO E. TULIN		
1 OSITION	Head, Accounting Unit/Authorized Representative	Position	President Agency Head/Authorized Representative		
Date		Date	Agency Head/Ai	uthorized Representative	
Receipt of F	Payment	Date		IEW M	
Check/ DA No.:	Date :	Bank Name & A	JEV No.		
gnature :	Date :				
		Printed Name:	Printed Name: Date		
orar receipt	No. & Date/Other Documents				