

VI

## DISBURSEMENT VOUCHER

Cluster :

STF-164

Date : March 03, 2023

DV No. :

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-  
Fund- MOOE- as per supporting papers hereto attached in the  
amount of .....

P 2,903.60

FUND: 164-STF-MOOE

Amount Due

P 2,903.60

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

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

JEV No.

Signature :

Printed Name:

Date

Ma. Melissa F. Mendoza

Official Receipt No. &amp; Date/Other Documents