

Entity Name

DISBURSEMENT VOUCHER

Fund Cluster :

Date : 5/8/2023

DV No. :

Mode of Payment

☐ MDS Check ☐ Commercial Check ☐ ADA ☐ Others (Please specify)

Payee **ODELO B. BALDOS** TIN/Employee No.: ORS/BURS No.:

Address **VSU, Visca, Baybay City, Leyte**

Particulars	Responsibility Center	MFO/PAP	Amount
Replenishment of Petty Cash fund as per papers attached...	EFARM. A. III.C		4,965.00
Amount Due			4,965.00

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


JEROME O. ARRIBADO

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	Head, Accounting Unit/Authorized Representative	Position	President
Date		Date	

E. Receipt of Payment

Check/ADA No. :		Date :		Bank Name & Account Number:		JEV No.
Signature :		Date :		Printed Name:		Date
Official Receipt No. & Date/Other Documents						

AGENCY

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