	Entity Name			Fund Cluster : Date : 11/23/2023
	DISBURSEMENT VOI	JCHER		DV No. :
Mode of Payment	MDS Check Commercial Check	ADA	Others (Plea	se specify)
Payee	Payee DHENBER C. LUSANTA		e No.:	ORS/BURS No.:
Address	VSU, Visca, Baybay City, Leyte			
	Particulars	Responsibility Center	MFO/PAP	Amount
Repleni	shment of Petty Cash fund as per papers attached	TP.UF.009		1,746.0
	Amount Due			1,746.0
A. Certified	CAL O	MV RRIBADO		
	JEROME O. A Printed Name, Designation as		pervisor	
	JEROME O. A Printed Name, Designation as			Credit
	JEROME O. A Printed Name, Designation as	nd Signature of Sup		Credit
B. Account	Printed Name, Designation at ing Entry:  Account Title	nd Signature of Sup	e Debit	Credit
B. Account  C. Certified  Cas  Sub	Printed Name, Designation at ing Entry:  Account Title	UACS Cod	e Debit	Credit
B. Account  C. Certified  Cas  Sub  Sup  pro  Signature	Printed Name, Designation and ing Entry:  Account Title  Account Title  Account (when applicable) apporting documents complete and amount claimed	UACS Cod	e Debit	Credit
B. Account  C. Certified  Cas  Sub	Printed Name, Designation and ing Entry:  Account Title  Account Title  Account (when applicable) apporting documents complete and amount claimed	UACS Cod  D. Approved	e Debit	
B. Account  C. Certified  Cas  Sub  Sup  pro  Signature  Printed	Printed Name, Designation and sing Entry:  Account Title  Account Title  Account (when applicable) apporting documents complete and amount claimed oper  NICK FREDDY R. BELLO	UACS Cod  D. Approved  Signature	e Debit  for Payment  DANIEL	LESLIE S. TAN
B. Account C. Certified Cas Sub Sup pro Signature Printed Name	Printed Name, Designation and ing Entry:  Account Title  Account Title  Account (when applicable) apporting documents complete and amount claimed oper	D. Approved  Signature  Signature  Printed Name  Position	e Debit  for Payment  DANIEL	LESLIE S. TAN
B. Account  C. Certified  Cas  Sub  Sup  pro  Signature  Printed  Name  Position  Date  Receipt of	Printed Name, Designation and ing Entry:  Account Title  Account Title  Account (when applicable) prorting documents complete and amount claimed oper  NICK FREDDY R. BELLO  Head, Accounting Unit/Authorized Representative	D. Approved  Signature  Signature  Printed Name  Position  Date	for Payment  DANIEL  P Agency Head/Au	LESLIE S. TAN
B. Account  C. Certified Cas Sub Sup pro  Signature Printed Name  Position  Date	Printed Name, Designation and ing Entry:  Account Title  Account Title  Account (when applicable) porting documents complete and amount claimed oper  NICK FREDDY R. BELLO  Head, Accounting Unit/Authorized Representative	D. Approved  Signature  Signature  Printed Name  Position  Date	e Debit  for Payment  DANIEL	LESLIE S. TAN President thorized Representative