

Entity Name

DISBURSEMENT VOUCHER

(07) TR

DV No. :

Mode of Payment	<input type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify)			
Payee	ORMOC MACMERCURY HARDWARE & ALLIED SERVICES, INC. Aviles St., Ormoc City		TIN/Employee No.: 005-760-260-000	ORS/BURS No.: 21-11-1988
Address				
Particulars		Responsibility Center	MFO/PAP	Amount
FULL payment for the purchase of supplies/materials per Invoice # <u>145502</u> dated <u>12/6/2021</u> with all the required supporting paper hereto attached in the total amount of <div style="text-align: right;"> Less: 1% GMP: 165.40 5% EWT: <u>827.01</u> Net Sales 16,540.18 Add: 12% VAT <u>1,984.82</u> <u>18,525.00</u> </div>		101T20201050-1.99	(07) TR	18,525.00
				<u>992.41</u>
				17,532.59
P.O # : PO-TF-2021-11-0463 PR # : TF-2021-08-00567 ITEM : CONSTRUCTION MATERIALS <div style="text-align: right;">Amount Due</div>			Warranty Security LD	 - 17,532.59
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.				
JESSAMINE C. ECLEO Head, Office of the Head for Procurement				
B. Accounting Entry:				
Account Title		UACS Code	Debit	
C. Certified: <input type="checkbox"/> Cash available <input type="checkbox"/> Subject to Authority to Debit Account (when applicable) <input type="checkbox"/> Supporting documents complete and amount claimed proper		D. Approved for Payment		
Signature		Signature		
Signature Printed Name Position	NICK FREDDY R. BELLO OIC Head, Accounting Unit	Signature Printed Name	EDGARDO E. TULIN President	
Date		Date		
E. Receipt of Payment			JEV No.	
Check/ ADA No. :		Date :	Bank Name & Account Number:	
Signature :	ORMOC MACMERCURY HARDWARE & ALLIED SERVICES, INC.	Date :	Printed Name:	Date
Official Receipt No. & Date/Other Documents				