30, 2023 as per supporting papers hereto attached in the total amount of		Fund Cluster:  GENERAL FUND  2023  DV No.:					
Address Visca, Baybay City, Leyte  Particulars Responsibility MFO/PAP Amount  TO CASH ADVANCE for travel expenses and daily allowances while on travel to Manila for the period July 26-30, 2023 as per supporting papers hereto attached in the total amount of		MDS Check Comn	nercial Check	ADA	Others (Please	specify)	
Particulars  Particulars  Responsibility  MFO/PAP  Amount  TO CASH ADVANCE for travel expenses and daily allowances while on travel to Manila for the period July 26-30, 2023 as per supporting papers hereto attached in the total amount of	Payee	JHONAVEL R. CASTIL	TIN/Employee	No.:	ORS/BURS No.:		
TO CASH ADVANCE for travel expenses and daily allowances while on travel to Manila for the period July 26-30, 2023 as per supporting papers hereto attached in the total amount of	Address	Visca, Baybay City, Leyte					
allowances while on travel to Manila for the period July 26- 30, 2023 as per supporting papers hereto attached in the total amount of		Particulars		Responsibility	MFO/PAP	Amount	
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.    DANIEL LESLIE S. TAN   Printed Name, Designation and Signature of Supervisor	allowances v 30, 2023 as	while on travel to Manila for the per sper supporting papers hereto attac	riod July 26- ched in the			27,870.00	
DANIEL LESLIE S. TAN Printed Name, Designation and Signature of Supervisor  B. Accounting Entry:  Account Title  UACS Code  Debit  Credit  Advances to Officers & Employees Cash MDS  19901040 10104040  27,870.00 27,870.00 27,870.10  C. Certified:  Cash available  Subject to Authority to Debit Account (when applicable)  Supporting documents complete and amount claimed proper  Signature  Printed Name  NICK FREDDY R. BELLO  Printed Name  NICK FREDDY R. BELLO  Printed Name  EDGARDO E.TULIN  Position  Head, Accounting Unit/Authorized Representative  Date  E. Receipt of Payment  Check/ ADA No.:  Date:  Bank Name & Account Number:  Date					27,870.00		
Cash MDS  D. Approved for Payment  Cash available  Subject to Authority to Debit Account (when applicable)  Supporting documents complete and amount claimed proper  Signature  Printed Name  NICK FREDDY R. BELLO  Printed Name  Printed Name  Date  Date  Date:  Bank Name & Account Number:  ADA No.:  Date:  Printed Name  Printed Name  Date  Printed Name  Date  Date	Account Title						
Cash available  Subject to Authority to Debit Account (when applicable)  Supporting documents complete and amount claimed proper  Signature  Printed Name  NICK FREDDY R. BELLO  Printed Name  Printed Name  NICK FREDDY R. BELLO  Printed Name  EDGARDO E.TULIN  Position  Head, Accounting Unit/Authorized Representative  Date  Date  Date  Bank Name & Account Number:  ADA No.:  Date:  Printed Name:  Date					27,870	27,870.00	
Cash available Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed proper  Signature  Printed Name NICK FREDDY R. BELLO Printed Name Position Head, Accounting Unit/Authorized Representative Date Date  E. Receipt of Payment Check/ ADA No.:  Date: Printed Name Printed Name  Account Number: Date Date Date	C. Certified:			D. Approved	D. Approved for Payment		
Printed Name NICK FREDDY R. BELLO Printed Name EDGARDO E.TULIN  Position Head, Accounting Unit/Authorized Representative Position Agency Head/Authorized Representative  Date Date  E. Receipt of Payment JEV No.  Check/ ADA No.: Printed Name: Date	Sub	oject to Authority to Debit Account (w		)			
Position Head, Accounting Unit/Authorized Representative Position Agency Head/Authorized Representative  Date Date  E. Receipt of Payment JEV No.  Check/ ADA No.: Bank Name & Account Number: Date	Signature			Signature			
Date    Date   Date	Printed Name	NICK FREDDY R. BELLO		Printed Name	EDGARDO E.TULIN		
E. Receipt of Payment  Check/ ADA No.:  Date: Bank Name & Account Number:  Printed Name: Date	Position	Head, Accounting Unit/Authorized Representative		e Position	Agency Head/Authorized Representative		
Check/ ADA No. :  Date : Bank Name & Account Number:  Printed Name: Date	Date			Date			
ADA No. : Printed Name: Date						JEV No.	
Signature : Date : Printed Name: Date				Bank Name & A	Account Number:		
		Date :		Printed Name:		Date	