Mode of Payment  Payee GELBERTO P. VALDEVIESO TIN/Employee No.: ORS/BURS No.:  Payee Particulars Responsibility Center MFO/PAP Amount  Payment for travel (per diem) IEPR 1,050.00  A Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.  MARLON M. TAMBIS Printed Name, Designation and Signature of Supervisor  B. Accounting Entry:  Account Title UACS Code Debit Credit  C. Certified: D. Approved for Payment  Cash available Subject to Authority to Debit Account (when applicable) 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 Date: Printed Name Account Number:  Date Date: Printed Name Date		GF Date: 9/12/2025 DV No.:					
Address VSU, Visca, Baybay City, Leyte  Particulars Responsibility Center MFO/PAP Amount  Payment for travel (per diem) IEPR  Amount Due 1,050.00  A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.  MARLON M. TAMBIS Printed Name, Designation and Signature of Supervisor  B. Accounting Entry:  C. Certified: UACS Code Debit Credit  C. Certified: UACS Code Debit Credit  C. Certified: D. Approved for Payment  C. Cash available Supporting documents complete and amount claimed proper  Signature Printed Name NICK FREDDY R. BELLO Printed Name PROSE IVY G. YEPES  Position Head, Accounting Unit/Authorized Representative Date  E. Receipt of Payment  Check' ADA No.:  Signature: Date: Printed Name: Date  Printed Name  Printed Name Account Number:  Date  Date: Printed Name  Printed Name  Date  Date	WIDS Check						
Payment for travel (per diem)  Amount Due  A Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.  MARLON M. TAMBIS Printed Name, Designation and Signature of Supervisor  B. Account Title  UACS Code  Debit  Credit  C. Certified:  Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed proper  Signature Printed Name  NICK FREDDY R. BELLO Position Head, Accounting Unit/Authorized Representative Date  Responsibility Center  MFO/PAP  Amount  1,050.00  1,050	Payee GELBERTO P. VALDEVIESO		TIN/Employee No.:		ORS/BURS No.:		
Payment for travel (per diem)  Amount Due  1,050.00  A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.  MARLON M. TAMBIS Printed Name, Designation and Signature of Supervisor  B. Accounting Entry:  C. Certified:  D. Approved for Payment  Position  Agency Head/Authorized Representative  Date  Date  Date  Date  Date  Date  C. Certified:  D. Approved for Payment  C. Certified:  D. Approved for Payment  C. Certified:  D. Approved for Payment  D. Approved for Payment  C. Certified:  D. Approved for Payment  D.							
Amount Due  Amount Due  IEPR  Amount Due  I,050.00  A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.  MARLON M. TAMBIS Printed Name, Designation and Signature of Supervisor  B. Accounting Entry:  Account Title  UACS Code  Debit  Credit  C. Certified:  Supporting documents complete and amount claimed proper  Signature  Printed Name  NICK FREDDY R. BELLO  Position  Head, Accounting Unit/Authorized Representative  Date  E. Receipt of Payment  Check/ ADA No.:  Signature:  Date:  Bank Name & Account Number:  Agency Head/Authorized Representative  Date  Date:  Printed Name:  Date  Date  Date  Date  Date  Date  Date	Particulars			MFO/PAP	Amount		
MARLON M. TAMBIS Printed Name, Designation and Signature of Supervisor  B. Accounting Entry:  Account Title  UACS Code  Debit  Credit  Cash available  Subject to Authority to Debit Account (when applicable)  Supporting documents complete and amount claimed proper  Signature  Printed Name  NICK FREDDY R. BELLO  Position  Head, Accounting Unit/Authorized Representative  Date  E. Receipt of Payment  Check/ ADA No.:  Signature:  Date  Date  Printed Name  Pagency Head/Authorized Representative  Date  Bank Name & Account Number:  Account Title  UACS Code  Debit  Credit  Credit  Approved for Payment  Signature  Printed Name  PROSE IVY G. YEPES  President  Agency Head/Authorized Representative  Date  Bank Name & Account Number:  ADA No.:  Signature:  Date	7.	Payment for travel (per diem)		IEPR	**	1,050.00	
MARLON M. TAMBIS  Printed Name, Designation and Signature of Supervisor  B. Accounting Entry:  Account Title  UACS Code  Debit  Credit  Code Debit  Credit  Credit  D. Approved for Payment  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  Position  Head, Accounting Unit/Authorized Representative  Date  E. Receipt of Payment  Check/ ADA No.:  Signature:  Date  Printed Name:  Date  Date  Date  Date  Date		Amount Due				1,050.00	
Account Title    C.   Certified:   D.   Approved for Payment	Printed Name, Designation and Signature of Supervisor						
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 Position Head, Accounting Unit/Authorized Representative Date  E. Receipt of Payment Check/ ADA No.:  Date: Bank Name & Account Number: Signature Printed Name President Agency Head/Authorized Representative Date  Bank Name & Account Number: Date  Date  Date  Date  Date				UACS Code Debit		Credit	
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  E. Receipt of Payment Check/ ADA No.:  Date: Date: Printed Name President Agency Head/Authorized Representative Date  JEV No.  Bank Name & Account Number:  Date Signature: Date  Date	C. Certifie	d:		D. Approved f	or Payment		
Printed Name  NICK FREDDY R. BELLO  Printed Name  Printed Name  President  Agency Head/Authorized Representative  Date    Date   Date   Date	Su	bject to Authority to Debit Account (what apporting documents complete and amount					
Name NICK FREDDY R. BELLO Position Position Head, Accounting Unit/Authorized Representative  Date Date Date  E.   Receipt of Payment Check/ ADA No.: Date: Date: Printed Name: Date President Agency Head/Authorized Representative  Bank Name & Account Number: Date Date				Signature			
Position Head, Accounting Unit/Authorized Representative  Date    Date   Date		NICK FREDDY R. BELLO		Printed Name			
E.   Receipt of Payment		Head, Accounting Unit/Authorized	lead, Accounting Unit/Authorized Representative		Desition		
Check/ ADA No.:  Date: Bank Name & Account Number:  Date: Printed Name: Date	Date			Date			
Signature : Date : Printed Name: Date	Check/ Date:		Bank Name & Account Number:		JEV No.		
	Signature	Date:		Printed Name:		Date	