

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		BAYBAY CITY CONSUMERS COOPERATIVE (BCCC)	
Address		Legislative Building R. Magsaysay Ave. Baybay City	
TIN/Employee No.:		483-886-517-000	
ORS/BURS No.:		21-09-1743	
Particulars		Responsibility Center	MFO/PAP
Amount			
FULL payment for the purchase of supplies/materials per Invoice # _____ dated _____ with all the required supporting paper hereto attached in the total amount of _____		101T20201050-10.93	(07) TR
*w/ Tax Exempt Certificate			
P.O # : PO-TF-2021-09-0418			
PR # : TF-2021-09-00943			
ITEM : CATERING SERVICES			
Amount Due			
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.			
JESSAMINE C. ECLEO			
Printed Name, Designation and Signature of Supervisor			
B. Accounting Entry:			
Account Title		UACS Code	Debit
C. Certified:		D. Approved for Payment	
<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			
Signature		Signature	
Signature Printed Name Position		Signature Printed Name	
NICK FREDDY R. BELLO		EDGARDO E. TULIN	
OIC Head, Accounting Unit		President	
Date		Date	
E. Receipt of Payment		JEV No.	
Check/ ADA No. :	Date :	Bank Name & Account Number:	
Signature :	BAYBAY CITY CONSUMERS COOPERATIVE (BCCC)	Date :	
Printed Name:		Date	
Official Receipt No. & Date/Other Documents			