Fund Cluster: Entity Name GF Date: February 27, 2023 DISBURSEMENT VOUCHER DV No.: Mode of MDS Check X Commercial Check Others (Please specify) ADA Payment Ma. Melissa F. Mendoza TIN/Emplyee No.: ORS/BURS No.: Payee Baybay City, Leyte Address Responsibility Particulars MFO/PAP Amount Center TO Replenishment of Petty Cash Advance Under Fund 101-Gen. 4,599.50 Fund-MOOE- as per supporting papers hereto attached in the amount of FUND: 101-GF-MOOE **Amount Due** 4,599.50 A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. QUEEN-EVER Y. ATUPAN Sup. Admin. Officer Printed Name, Designation and Signature of Supervisor B. Accounting Entry: Account Title UACS Code Debit Credit D. Approved for Payment C. Certified: Cash available Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed proper Signature Signature Printed Printed Name NICK FREDDY R. BELLO EDGARDO E. TULIN Name President Accountant II Position Position OIC Head, Accounting Unit/Authorized Agency Head/Authorized Representative Date Date E. Receipt of Payment JEV No. Check/ Bank Name & Account Number: ADA No. LBP BAYBAY Signature Printed Name: Date Ma. Melissa F. Mendoza Official Receipt No. & Date/Other Documents