Entity Name DISBURSEMENT VOUCHER				Fund Cluster: DASS.NCT.17 Date: Dec. 11, 2023
Mode of	MDS Check Commercial Check			DV No.:
Payment	- Inch	ADA	Others (F	Please specify)
Payee	DOFSUSTAINED YIELD PROJECT	TIN/Employ	ee No.:	ORS/BURS No.:
Address	VSU, Visca, Baybay City Leyte			
	Particulars	Responsibility Center	MFO/PA	P Amount
Fund Transfer for the payment of Bamboo Kayali			Facilities	₱200.00
. Certified	Amount Due Expenses/Cash Advance necessary, lawful and income			
	Printed Name, Designation and	ATILLA d Signature of Sur	pervisor	
Accounting	Printed Name, Designation and	TILLA d Signature of Sup		t Credit
Accounting	Printed Name, Designation and	UACS Code	Debi	t Credit
Accounting Certified: Cash Subjection	Printed Name, Designation and BERTA C. R. Printed Name, Designation and available available ect to Authority to Debit Account (when applicable) norting documents complete and amount claimed.	1 Signature of Sup	Debi	t Credit
Certified: Cash Subjection Suppropro	Printed Name, Designation and BERTA C. R. Printed Name, Designation and available available ect to Authority to Debit Account (when applicable) norting documents complete and amount claimed.	UACS Code	Debi	t Credit
Certified: Cash Subje Supp pro gnature rinted	Printed Name, Designation and BERTA C. R. Printed Name, Designation and available available ect to Authority to Debit Account (when applicable) norting documents complete and amount claimed.	UACS Code D. Approved f	Debit Or Payment	Cicum
Certified: Cash Subjection Suppopro gnature rinted Name	Printed Name, Designation and BERTA C. R. Printed Name, Designation and an available available ect to Authority to Debit Account (when applicable) porting documents complete and amount claimed oper NICK FREDDY R. BELLO Head, Accounting Office	UACS Code D. Approved f Signature	Tor Payment DANI	EL LESLIE S. TAN OIC, President
Certified: Cash Subje Supp pro gnature Printed Name	Printed Name, Designation and BERTA C. R. Printed Name, Designation and angent Entry: Account Title Account Title available eet to Authority to Debit Account (when applicable) corting documents complete and amount claimed oper NICK FREDDY R. BELLO	UACS Code D. Approved to Signature Printed Name Position	Tor Payment DANI	EL LESLIE S. TAN
Certified: Cash Subjection Suppropro gnature rinted Name Date Ceccipt of P	Printed Name, Designation and BERTAC. RAPrinted Name, Designation and available available ect to Authority to Debit Account (when applicable) forting documents complete and amount claimed oper NICK FREDDY R. BELLO Head, Accounting Office Head, Accounting Unit/Authorized Representative	UACS Code D. Approved f Signature Printed Name	Tor Payment DANI	EL LESLIE S. TAN OIC, President /Authorized Representative
Certified: Cash Subje	Printed Name, Designation and BERTA C. R. Printed Name, Designation and available available eet to Authority to Debit Account (when applicable) corting documents complete and amount claimed oper NICK FREDDY R. BELLO Head, Accounting Office Head, Accounting Unit/Authorized Representative	UACS Code D. Approved to Signature Printed Name Position	DANI Agency Head	EL LESLIE S. TAN OIC, President