

Entity Name

DISBURSEMENT VOUCHER

(01) RAF

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	JOEBZ COMPUTER SALES AND SERVICE			TIN/Employee No.: 916-962-125-000		ORS/BURS No.:
Address	Salazar St., Tacloban City					MOOE 02-101101-2021-07-03254
Particulars				Responsibility Center	MFO/PAP	Amount
FULL payment for the purchase of supplies/materials per Invoice # <u>29027-40</u> dated <u>8/3/2021</u> with all the required supporting paper hereto attached in the total amount of <div style="text-align: right;"> Less: 1% GMP: 7,139.73 5% EWT: <u>35,698.66</u> Net Sales 713,973.21 Add: 12% VAT <u>85,676.79</u> 799,650.00 </div>				VARIOUS	VARIOUS	799,650.00
P.O #: GOODS-21-11-034 (GF)						
PR #: ASSORTED PR's						
ITEM : IT SUPPLIES						
Amount Due						749,243.49
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. <div style="text-align: center;"> JESSAMINE C. ECLEO Printed Name, Designation and Signature of Supervisor </div>						
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 Printed Name Position	NICK FREDDY R. BELLO OIC Head, Accounting Unit			Signature Printed Name	EDGARDO E. TULIN President	
Date				Date		
E. Receipt of Payment						JEV No.
Check/ ADA No. :		Date :	Bank Name & Account Number:			
Signature :	JOEBZ COMPUTER SALES AND SERVICE	Date :	Printed Name:			Date
Official Receipt No. & Date/Other Documents						