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| <b>Entity Name</b><br><br><b>DISBURSEMENT VOUCHER</b>  |  | <b>Fund Cluster :</b><br><br><b>Date : Aug. 1, 2023</b><br><b>DV No. :</b> |  |
| <b>Mode of Payment</b>   | <input type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify) _____ |  |  |
| <b>Payee</b>   | <b>JEROME O. ARRIBADO</b>  | <b>TIN/Employee No.:</b>   | <b>ORS/BURS No.:</b>                   |
| <b>Address</b>   | <b>VSU, Visca, Baybay City, Leyte</b>  |  |  |
| <b>Particulars</b>   |  | <b>Responsibility Center</b>   | <b>MFO/PAP</b>                         |
| To <b>CASH ADVANCE</b> for a trip to Boracay to attend POAP Training on August 22-25, 2023 at Eurotel, Boracay as per papers attached.....<br><br><div style="text-align: right;"><b>Amount Due</b></div>  |  |  | 29,980.00                              |
|  |  |  | <b>29,980.00</b>                       |
| <b>A.</b> Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.<br><br><div style="text-align: center;"> <b><u>MARIA JULIET C. CENIZA</u></b><br/>         Printed Name, Designation and Signature of Supervisor       </div> |  |  |  |
| <b>B.</b> Accounting Entry:  |  |  |  |
| <b>Account Title</b>   |  | <b>UACS Code</b>   | <b>Debit</b>                           |
|  |  |  |  |
|  |  |  |  |
| <b>C. Certified:</b>   |  | <b>D. Approved for Payment</b>   |  |
| <input type="checkbox"/> Cash available<br><br><input type="checkbox"/> Subject to Authority to Debit Account (when applicable)<br><br><input type="checkbox"/> Supporting documents complete and amount claimed proper  |  |  |  |
| <b>Signature</b>   |  |  |  |
| <b>Printed Name</b>  | <b>NICK FREDDY R. BELLO</b>  |  |  |
| <b>Position</b>  | Head, Accounting Unit/Authorized Representative  |  |  |
| <b>Date</b>  |  | <b>Signature</b>   |  |
|  |  | <b>Printed Name</b>  | <b>EDGARDO E. TULIN</b>                |
|  |  | <b>Position</b>  | President                              |
|  |  |  | Agency Head/Authorized Representative  |
| <b>E. Receipt of Payment</b>   |  | <b>JEV No.</b>   |  |
| <b>Check/ADA No. :</b>   |  | <b>Date :</b>  | <b>Bank Name &amp; Account Number:</b> |
| <b>Signature :</b>   |  | <b>Date :</b>  | <b>Printed Name:</b>                   |
| <b>Official Receipt No. &amp; Date/Other Documents</b>   |  |  | <b>Date</b>                            |