Project Study Leader				
B. Accounting En				
Account Title		UACS Code Debit		Credit
				-
C. Certified:		D. Approved for Payment		
Cash ava	ilable			
Subject t	o Authority to Debit Account (when applicable)		2	
Supportin	ng documents complete and amount claimed			
proper				
Signature		Signature		
Printed Name	NICK FREDDY R. BELLO	Printed Name	EDGARDO E. TULIN	
Position	ition Head, Accounting Office		President	
	*	Date		
*Date	E. Receipt of Payment			
	yment			
	Date :	Bank Name & Acc	count Number:	
E. Receipt of Pa		Bank Name & Acc	count Number:	