	377			_	'		
DISBURSEMENT VOUCHER					_	ad Cluster : 101-GF	
						Date: October 06, 2022	
					DVN	10. :	
Mode of Payment	MEDS Check X Cox	mmercial Check	ADA	Others (Please specify)	
Payee	Ma. Melissa F.	TIN	TIN/Emplyee No.:		BURS No.:		
Address	Baybay City, Le	yte					
Particulars			R	Responsibility Center MFO/P		Amount	
GENERA	nishment of Petty Cash Advance L FUND-MOOE as per supporting ount of					P 2,465.00	
FUND -GEN. FUND 101							
A. Certified: Expenses/Cash Advance necessary, lawful and incurred u						P 2,465.00	
B. Accountin	g Entry:	Sup. Admin One, Designation and	Signature of St		.49	0-10	
Account Title			UACS Co	UACS Code Debit		Credit	
C. Certified: Cash available			D. Approved for Payment				
Subj	ect to Authority to Debit Account (w orting documents complete and amo oper						
Signature			Signature				
Printed Name	NICK FREDDY R. BELLO		Printed Nam	ie]	EDGARDO E. TULIN		
Position	Accountant II OIC Head, Accounting Unit/Authorized		Position	Age	President Agency Head/Authorized Representative		
Date			Date				
. Receipt of	Payment		JEV No.		Ño.		
Check/ ADA No. :			Bank Name & Account Number: LBP BAYBAY				
Signature :	:		Printed Name:		Date		
	Ma. Melissa F. Mendoza						
Official Recei	pt No. & Date/Other Documents						