

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		Signature	
Printed Name	NICK FREDDY R. BELLO	Printed Name	EDGARDO E. TULIN
Position		Position	
	OIC Head, Accounting Office		President
Date		Date	
E. Receipt of Payment			
Check/ ADA No. :		Date :	Bank Name & Account Number:
Signature :		Date :	Printed Name:
Official Receipt No. & Date/Other Documents			JEV No.
			Date