

Entity Name

DISBURSEMENT VOUCHER

(07) TR

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	TACLOBAN TAP COMMERCIAL INC.	TIN/Employee No.: 004-301-284-000	ORS/BURS No.: 21-07-1319
Address	#26-28 P. Gomez St. Brgy. #19 Tacloban City		
Particulars		Responsibility Center	MFO/PAP
FULL payment for the purchase of supplies/materials per Invoice # <u>8683</u> dated <u>9/17/2021</u> with all the required supporting paper hereto attached in the total amount of Less: 1% GMP: 22.34 5% EWT: <u>111.70</u> Net Sales 2,233.93 Add: 12% VAT <u>268.07</u> <u>2,502.00</u> P.O # : GOODS-21-24-089 (TF) PR # : TF-2020-10-00450 ITEM : OFFICE SUPPLIES <div style="text-align: right;">Amount Due</div>		101T20201050-6.60	(07) TR <div style="color: red; text-align: center;">Warranty Security</div> <div style="background-color: #f08080; text-align: center; color: white;">LD</div>
			2,502.00 <u>134.04</u> 2,367.96 <div style="background-color: yellow; height: 15px;"></div> - 2,367.96
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. <div style="text-align: center;">JESSAMINE C. ECLEO Head, Office of the Head for Procurement</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 :	TACLOBAN TAP COMMERCIAL INC.	Printed Name:	Date
Official Receipt No. & Date/Other Documents			

Official Receipt No. & Date/Other Documents