Entity Name DISBURSEMENT VOUCHER					Fund Cluster :
					Date : June 8, 2024 DV No. :
Mode of Payment	MDS Check Comm	nercial Check	ADA [Others (Please	specify)
Payee	DIONESIO M. BAÑOC		TIN/Employee No.:		ORS/BURS No.:
Address	VSU, Visca, Baybay City Leyte				
		esponsibility Center	MFO/PAP	Amount	
To reimburse travel expenses to SEARCA,UPLB, Laguna for the period March 2-6, 2024 as per supprting papers hereto attached				12,310.00	
					12,310.00
B. Accounti	Printed Name,	Designation and S	Signature of Supe	ervisor	
Account Title		UACS Code	Debit	Credit	
	ŧ.,				
C. Certified:			D. Approved for Payment		
Cash available Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed proper			es.		
Signature	6		Signature		
Printed Name	NICK FREDDY R. BELLO		Printed Name	PROSE IVY G. YEPES	
Position	Head, Accounting Office Head, Accounting Unit/Authorized Representative		Position	President Agency Head/Authorized Representative	
Date	Area, necoming one number representative		Date	, and the second	
E. Receipt of	of Payment				JEV No.
Check/ ADA No. :	Date :		Bank Name & Account Number:		
Signature :	Detail		Printed Name:		Date