Mode of Payment Payee	DISBURSEMENT VOU			Fund Cluster : 06-BRF Date :
Payment		DISBURSEMENT VOUCHER		
Payee	MDS Check Commercial Check	ADA	Others (Please s	specify)
	101 TRUST FUND	TIN/Employee N	lo.:	ORS/BURS No.:
Address	Brgy. Pangasugan, Baybay City, Leyte			
	Particulars	Responsibility Center	MFO/PAP	Amount
Charge to	of transfer for the erroneous payment for the prarium of Project Support Staff (Melvin P. Carcajente) of fund: IGP-161 Amount Due Expenses/Cash Advance necessary, lawful and incumpanted Name, Designation and printed Name, Designation and printed Name, Designation and printed Entry:	VP-Admin. & Fir	nance)	11,800.00 11,800.00
Account Title		UACS Code	Debit	Credit
Due to Other Funds Cash in Bank, LCCA		20301050 10102020 24	,	11,800.00
C. Certified:		D. Approved f	proved for Payment	
_	th available spect to Authority to Debit Account (when applicable) sporting documents complete and amount claimed			
Sup	oper			
Sup		Signature		
Sup	oper	Signature Printed Name	EDGA	RDO E. TULIN
Sup. pr	oper	Printed Name Position		RDO E. TULIN President Authorized Representative
Signature Printed Name	NICK FREDDY R. BELLO Accountant II	Printed Name Position		President
Signature Printed Name Position Date E. Receipt o	NICK FREDDY R. BELLO Accountant II OIC-Head, Accounting Unit/Authorized Representat	Printed Name Position		President
Suppror Signature Printed Name Position Date	NICK FREDDY R. BELLO Accountant II OIC-Head, Accounting Unit/Authorized Representat	Printed Name Position		President Authorized Representative