

_____ Entity Name DISBURSEMENT VOUCHER		Fund Cluster : Date : Oct. 16, 2023 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 DIONESIO M. BAÑOC		TIN/Employee No.:	ORS/BURS No.:	
Address VSU, Visca, Baybay City Leyte				
Particulars		Responsibility Center	MFO/PAP	Amount
Reimbursement of travel expenses and daily allowance while on travel to Eurotel Boracay for the period August 22-25, 2023 as per suppling papers hereto attached				30, 140
		Amount Due		
				30, 140
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.				
DIONESIO M. BAÑOC Printed Name, Designation and Signature of Supervisor				
B. Accounting Entry: Account Title		UACS Code	Debit	Credit
C. Certified: <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		D. Approved for Payment		
Signature		Signature		
Printed Name	NICK FREDDY R. BELLO	Printed Name	EDGARDO E. TULIN	
Position	Head, Accounting Office	Position	President	
	Head, Accounting Unit/Authorized Representative		Agency Head/Authorized Representative	
Date		Date		
E. Receipt of Payment Check/ADA No. :		Date :	JEV No.	
			Bank Name & Account Number:	
Signature :	Date :	Printed Name:	Date	
Official Receipt No. & Date/Other Documents				