					Fund Cluster:
	Entit	Entity Name			Date : Oct. 16, 2023
	DISBURSEMENT VOUCHER	NT VOU	CHER		DV No. :
Mode of Payment	MDS Check Comn	Commercial Check	ADA	Others (Please specify)	specify)
Payee	DIONESIO M. BAÑOC		TIN/Employee No.:	No.:	ORS/BURS No.:
Address	VSU, Visca, Baybay City Leyte				
	Particulars	A	Responsibility Center	MFO/PAP	Amount
Raimhurcana	nt of travel expenses and daily allows	nce while on			30, 140
Reimburseme travel to Euro per	Reimbursement of travel expenses and daily allowance while on travel to Eurotel Boracay for the period August 22-25, 2023 as per supprting papers hereto attached	nce while on			
	Amount Due				30, 140
A. Certified:	Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.	lawful and incu	rred under my dire	ct supervision.	
	Printed Name,	DIONESIO M. BAÑOC Designation and Signatur	<u>DIONESIO M. BAÑOC</u> Printed Name, Designation and Signature of Supervisor	ervisor	
B. Accounting Entry:	ng Entry:  Account Title		UACS Code	Dehit	Credit
				7.	
C. Certified:			D. Approved	Approved for Payment	
Cas Sub	Cash available Subject to Authority to Debit Account (when applicable)	en applicable)			
pr Sup	Supporting documents complete and amount claimed proper	ınt claimed			
Signature			Signature		
Printed Name	NICK FREDDY R. BELLO	LLO	Printed Name	EDGAR	EDGARDO E. TULIN
Position	Head, Accounting Office	ice	Position	P	President
00111	Head, Accounting Unit/Authorized Representative	Representative	A COARACAA	Agency Head/Au	Agency Head/Authorized Representative
Date			Date		
E. Receipt of Payment	f Payment				JEV No.
Check/ ADA No.:		Date:	Bank Name &	Bank Name & Account Number:	
Signature:	D	Date:	Printed Name:		Date
Official Recei	Official Receipt No. & Date/Other Documents				