Appendix 32

Mode of Payment Payee Adddress:	DISBURSEMEN / /MDS Check / /Commercial Check			Date: DV No.:		
Payment Payee		T VOUCHER				
Payment Payee	/ /MDS Check / /Commercial Check		DISBURSEMENT VOUCHER			
		/ /ADA	/ / Others (Please specify)		
Adddress:	Charlie Mark Cutamora	TIN/Employee N	TIN/Employee No.:		ORS/BURS No.:	
Particulars		Responsibility Center	MFO/PAP	Amo	ount	
To payment of per diem as per supporting documents hereto attached in total amount of			20201050-1.97		900.00	
Amount Due			900		900.00	
B. / Accounting Entry: Account Title		UACS Code	Debit	Cre	edit	
C. /Certific		D. /Approved fo	or Payment			
/ / Su / / Sup	n available object to Authority to Debit Account (when ap oporting documents compelete and amou proper					
Signature		Signature				
Printed Name	NICK FREDDY R. BELLO	Printed Name		EDGARDO E. TULIN		
Position	Head, Accounting Unit/Autorized Repres	Position	Agency He	Agency Head/Authorized Representation		
Date		Date				
E. /Receip	ot of Payment				JEV. No.	
Check/	Dat	Bank Name & Acc	ount Number:			
ADA No.:	Signature Date: Official Receipt No. & Date/Other Documents		Printed Name: Charlie Mark Cutamora			