

<input type="checkbox"/> Subject to Authority to Debit Account (when applicable)		Four Thousand Two Hundred Seventy Four Only (4,270.00)	
<input type="checkbox"/> Supporting documents complete & amount claimed proper			
Signature		Signature	
Printed Name	NICK FREDDY R. BELLO	Printed Name	PROSE IVY G. YEPES
Position	Head, Accounting Division	Position	President
	Head, Accounting Unit/Authorized Representative		Agency Head/Authorized Representative
Date		Date	
E. Receipt of Payment			JEV No.
Check/ ADA No. :		Date :	Bank Name & Account Number:
Signature :		Date :	Printed Name: VSU GASOLINE STATION
Official Receipt No. & Date/Other Documents			Date