

Entity Name DISBURSEMENT VOUCHER		Fund Cluster:	
		Date: DV No.:	
Mode of Payment	/ /MDS Check / /Commercial Check / /ADA / / Others (Please specify)		
Payee	MICHAEL MANAGBANAG	TIN/Employee No.:	ORS/BURS No.:
Address:			
Particulars	Responsibility Center	MFO/PAP	Amount
To payment of per diem as per supporting documents hereto attached in total amount of....	20201050-10.104		13,140.00
Amount Due			13,140.00
A. / Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision <div style="text-align: center;"> MARLON G. BURLAS Head, Motor Pool _____ Printed Name, Designation and Signature of Supervisor </div>			
B. / Accounting Entry:			
Account Title	UACS Code	Debit	Credit
C. /Certified:		D. /Approved for Payment	
/ / Cash available / / Subject to Authority to Debit Account (when applicable) / / Supporting documents complete and amount claimed proper			
Signature		Signature	
Printed Name	NICK FREDDY R. BELLO	Printed Name	EDGARDO E. TULIN
Position	Head, Accounting Unit/Autorized Representative	Position	
		Agency Head/Authorized Representative	
Date		Date	
E. /Receipt of Payment			JEV. No.
Check/ADA No.:	Date:	Bank Name & Account Number:	
Signature	Date:	Printed Name: MICHAEL MANAGBANAG	
Official Receipt No. & Date/Other Documents			