Entity Name DISBURSEMENT VOUCHER					Fund Cluster : GF Date : 5/31/2024 DV No. :
Mode of Payment	MDS Check Con	mmercial Check	ADA	Others (Please	specify)
Payee	GELBERTO P. VALDEVIESO		TIN/Employee No.:		ORS/BURS No.:
Address	VSU, Visca, Baybay City, Leyte				
Particulars			Responsibility Center	MFO/PAP	Amount
	Payment for travel (per diem)		/SU-IP-2023-3		1,050.00
Amount Due					1,050.00
B. Accounti	Account Title		UACS Code	Debit	Credit
C. Certified:			D. Approved	D. Approved for Payment	
Sut	sh available bject to Authority to Debit Account opporting documents complete and arroper				
Signature			Signature		
Printed Name	NICK FREDDY R. BELLO		Printed Name	PROSE IVY G. YEPES	
Position			Position	President	
Date	Head, Accounting Unit/Authorized Representative		Date	Agency Head/Authorized Representative	
E. Receipt of	of Payment		Date		JEV No.
Check/ ADA No. :	Date :		Bank Name & Account Number:		
Signature :			Printed Name:		Date
Official Rece	eipt No. & Date/Other Documents				