	Entity Name			Fund Cluster :
DISBURSEMENT VOUCHER			Date: '10/17/2023 DV No.:	
Mode of Payment	MDS Check Commercial Check	ADA	Others (Plea	se specify)
Payee	GELBERTO P. VALDEVIESO	TIN/Employe	ee No.:	ORS/BURS No.:
Address	VSU, Visca, Baybay City, Leyte			
	Particulars	Responsibility Center	MFO/PAP	Amount
Payme	nt for travel (per diem) to Ormoc City on October 11, 2023.	20201050-1.116		750
	Amount Due			750.
. Certified	Expenses/Cash Advance necessary, lawful and in-	curred under my dir	ect supervision.	,,,,
	Printed Name, Designation a	and Signature of Sup	pervisor	
. Accounti	ng Entry:			
. Accounti		UACS Cod		Credit
. Accounti	ng Entry:			Credit
Certified:	ng Entry: Account Title	UACS Coo	le Debit	Credit
Certified:	Account Title Account Title		le Debit	Credit
Certified: Casi Subj	ng Entry: Account Title	UACS Coo	le Debit	Credit
Certified: Casi Subj	Account Title Account Title h available ject to Authority to Debit Account (when applicable) porting documents complete and amount claimed	D. Approved	le Debit	Credit
Certified: Casi Subj	Account Title Account Title h available ject to Authority to Debit Account (when applicable) porting documents complete and amount claimed	UACS Coo	for Payment	CIPIC TAN
Certified: Casi Subj Supj pro Signature Printed Name	Account Title Account Title h available ject to Authority to Debit Account (when applicable) porting documents complete and amount claimed per NICK FREDDY R. BELLO	D. Approved Signature Printed Name	for Payment Debit Debit Debit Debit	
Certified: Casi Subj Supj pro signature Printed Name	Account Title Account Title h available ject to Authority to Debit Account (when applicable) porting documents complete and amount claimed per	D. Approved Signature Printed Name Position	for Payment PANIEL LE EDGAR	CLIE G. TAN DO E. TULIN resident
Certified: Casi Subj Supj pro Signature Printed Name Position Date	Account Title Account Title h available ject to Authority to Debit Account (when applicable) porting documents complete and amount claimed per NICK FREDDY R. BELLO Head, Accounting Unit/Authorized Representative	D. Approved Signature Printed Name	for Payment PANIEL LE EDGAR	DO E. TULIN resident thorized Representative
Certified: Casi Subj Supj pro Signature Printed Name Position	Account Title Account Title h available ject to Authority to Debit Account (when applicable) porting documents complete and amount claimed per NICK FREDDY R. BELLO Head, Accounting Unit/Authorized Representative	D. Approved Signature Printed Name Position Date	for Payment PANIEL LE EDGAR	SLIE G. TAN DO E. TULIN
Certified: Casi Subj Supj pro Signature Printed Name Position Date Receipt of Check/	Account Title Account Title Account Title Account Title Account Title Account Title Account (when applicable) porting documents complete and amount claimed oper NICK FREDDY R. BELLO Head, Accounting Unit/Authorized Representative	D. Approved Signature Printed Name Position Date	for Payment PANIEL LE EDGAR P Agency Head/Au	DO E. TULIN resident thorized Representative