

Entity Name DISBURSEMENT VOUCHER		Fund Cluster :	
		Date : '10/17/2023 DV No. :	
Mode of Payment	<input type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> 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) to Ormoc City on October 11, 2023.	20201050-1.116		750.00
Amount Due			750.00
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. <div style="text-align: center;"> <u>ALJAY D. VALIDA</u> Printed Name, Designation and Signature of Supervisor </div>			
B. Accounting Entry:			
Account Title	UACS Code	Debit	Credit
C. Certified:		D. Approved for Payment	
<input type="checkbox"/> Cash available <input type="checkbox"/> Subject to Authority to Debit Account (when applicable) <input type="checkbox"/> Supporting documents complete and amount claimed proper		<div style="text-align: center;"> DANIEL LESLIE G. TAN EDGARDO E. TULIN <small>10/17/2023</small> </div>	
Signature	Signature		
Printed Name	Printed Name		
Position	Position		
Date	Date	President	Agency Head/Authorized Representative
E. Receipt of Payment Check/ADA No. : Date : Bank Name & Account Number: JEV No.			
Signature : Date : Printed Name: Date			
Official Receipt No. & Date/Other Documents			