				Appendix 32
	Entity Name			Fund Cluster:
DISBURSEMENT VOUCHER			Date: September 26, 2024 DV No.:	
Mode of Payment	MDS Check Commercial Che	eck ADA	Others (Please	e specify)
Payee	LUZ G. ASIO	TIN/Employee	No.:	ORS/BURS No.:
Address	VSU, ViSCA, Baybay City, Leyte			
	Particulars	Responsibility Center	MFO/PAP	Amount
for Monitor	the workshop on "Developing Guidelines ring, Review and Evaluation of Micro- s" under WP4	FDP		19,032.00
Amount Due				19,032.00
A. Certified		E B. LINA S, Dean	ect supervision.	
B. Accounti	ing Entry:	and the second		
Account Title		UACS Code	Debit	Credit
Subj	h available ject to Authority to Debit Account (when applica porting documents complete and amount claimed	able)	D. Approved for Payment	
Signature		Signature		
Printed Name NICK FREDDY BELLO		Printed Name	PROSE IVY G. YEPES	
Position Head, Accounting Office		Position	President	
Date	The season of th	Date	3890	
E. Receipt o		Dayl Nama & A	JEV No. Bank Name & Account Number:	
ADA No. :	Date :		ccount Number:	
Signature:	Date :	Printed Name:	100	Date
	pipt No. & Date/Other Documents			