

Entity Name DISBURSEMENT VOUCHER				Fund Cluster : Date : '10/6/2023 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 Capoocan, Leyte on September 27, 2023.			DOH-PTCL 20201050-1.103		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>CATHERINE C. ARRADAZA</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					
Signature			Signature		
Printed Name	NICK FREDDY R. BELLO		Printed Name	EDGARDO E. TULIN	
Position	Head, Accounting Unit/Authorized Representative		Position	President	
			Agency Head/Authorized Representative		
Date			Date		
E. Receipt of Payment					JEV No.
Check/ADA No. :		Date :	Bank Name & Account Number:		
Signature :		Date :	Printed Name:		
Official Receipt No. & Date/Other Documents					