

DEPARTMENT OF HEALTH-CENTER FOR HEALTH DEVELOPMENT SOCCSKSARGEN REGION				Fund Cluster:	
Entity Name				Date: DV No:	
DISBURSEMENT VOUCHER					
Mode of Payment		<input type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Other (Please specify) _____			
Payee		ALOY'S RENT A CAR AND TRANSPORT SERVICES		TIN Employee No. ORS BURS No.	
Address					
Particulars		Responsibility Center	MFO/PAP		Amount
To PAYMENT of Van Rental Services for the conduct of disbursement of cash advances for COVID-19 positive claims and deliver payment on October 13-15, 2022 at Amas, Kidapawan and Davao city. (1 passenger) Supporting Documents: 1. PO #: 0855-22-N 2. PR #: 2022-10-2834-S 3. Charge invoice: 0626 4. Certification/ List of Passengers 5. RPO					14,100.00
A.	Certified Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.				
AMEBELLA G. TARUC, MD, MPM LHSD CHIEF/MEDICAL OFFICER V _____ Printed Name, Designation and Signature of Supervisor					
B.	Accounting Entry				
Account Title		UACS Code		Credit	
C.	Certified	D.	Approval for Payment		
<input type="checkbox"/> Cash Available <input type="checkbox"/> Subject to Authority to Debit Account (when applicable) <input type="checkbox"/> Support documents complete and claimed proper					
Signature :		Signature :			
Printer Name :		CHERRY PINK P. DIOCERA, CPA		Printer Name : ARISTIDES CONCEPCION TAN, MD, MPH, CESO III	
Position :		Accountant III		Position : Director IV	
		Head, Accounting Unit/Authorized Representative		Agency Head/Authorized Representative	
Date :		Date :			
E.	Receipt of Payment			JEV No.	
Check/ADA No.:		Date:	Bank Name & Account Number:		
Signature:		Date:	Printed Name:		Date:
Official Receipt No. & Date/Other Documents					