
	TOURISM INFRASTRUCTURE AND ENTERPRISE ZONE AUTHORITY DISBURSEMENT VOUCHER		FUND											
			DATE	November 4, 2021										
			DV NO.	SF-2021-11-8193										
MODE OF PAYMENT	<input type="checkbox"/> MDS CHECK <input type="checkbox"/> COMMERCIAL BANK <input type="checkbox"/> ADA <input type="checkbox"/> OTHERS (Please specify)													
PAYEE	PLDT INC.	T.I.N.	EMP. NO.	ORS/BURS NO.										
		000-488-793-000												
ADDRESS	Ramon Cojuangco Bldg., Makati Ave., Makati City 1200													
PARTICULARS		RESPONSIBILITY CENTER	PROJECT	AMOUNT										
To pay internet charges incurred by ILSM with Acct.#655404392 (Service Interprise DSL 10 Data Voice SBundle-12076990) for the period of SEPTEMBER 2021 as per attached SOA#122023118 with Billing Date of October 01, 2021 and other supporting papers. (MSF: OCTOBER 2021) <table> <tr> <td>Total Bill</td> <td>P 3,360.00</td> </tr> <tr> <td>LESS: 5% VAT (P3,000.00 x 5%)</td> <td>P 150.00</td> </tr> <tr> <td>2% Exp. (P3,000.00 x 2%)</td> <td>60.00</td> </tr> <tr> <td></td> <td>210.00</td> </tr> <tr> <td>Net amount due</td> <td>P 3,150.00</td> </tr> </table>		Total Bill	P 3,360.00	LESS: 5% VAT (P3,000.00 x 5%)	P 150.00	2% Exp. (P3,000.00 x 2%)	60.00		210.00	Net amount due	P 3,150.00			3,150.00
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2% Exp. (P3,000.00 x 2%)	60.00													
	210.00													
Net amount due	P 3,150.00													
FUND REF. NO. : 21-2055		AMOUNT DUE		3,150.00										
A Certified: Expenses/Advances necessary, lawful and Incurred under my direct supervision. <div style="text-align: center;"> MA. TERESA C. ALVAREZ Manager - Operations Department </div>														
B CERTIFIED		C APPROVED FOR PAYMENT												
<input checked="" type="checkbox"/> CASH AVAILABLE <input type="checkbox"/> SUBJECT TO AUTHORITY TO DEBIT ACCOUNT (If Applicable) <input checked="" type="checkbox"/> SUPPORTING DOCUMENTS COMPLETE AND AMOUNT CLAIMED PROPER														
SIGNATURE		SIGNATURE												
PRINTED NAME	LEONILA G. DE PERALTA	PRINTED NAME	JETRO NICOLAS F. LOZADA											
POSITION	Manager - Accounting Division	POSITION	ACOO-Asset Management Sector											
	HEAD, ACCOUNTING UNIT/AUTHORIZED REPRESENTATIVE		AGENCY HEAD/AUTHORIZED REPRESENTATIVE											
DATE	11/4	DATE												
D RECEIPT OF PAYMENT														
CHECK/ADA NO.		DATE:	BANK NAME & ACCOUNT NUMBER:	JEV NO.:										
		11												
SIGNATURE		DATE:	PRINTED NAME:	DATE:										
OFFICIAL RECEIPT NO. & DATE/OTHER DOCUMENTS														