
 <b>TOURISM INFRASTRUCTURE AND ENTERPRISE ZONE AUTHORITY</b> <b>DISBURSEMENT VOUCHER</b>	<b>FUND</b>													
	<b>DATE</b>		September 27, 2021											
	<b>DV NO.</b>		SF-2021-09-7442											
<b>MODE OF PAYMENT</b>	<input type="checkbox"/> MDS CHECK <input type="checkbox"/> COMMERCIAL BANK <input type="checkbox"/> ADA <input type="checkbox"/> OTHERS (Please specify) _____													
<b>PAYEE</b>	PLDT INC.		<b>T.I.N.</b>	<b>EMP. NO.</b> <b>ORS/BURS NO.</b>										
			000-488-793-000											
<b>ADDRESS</b>	Ramon Cojuangco Bldg., Makati Ave., Makati City 1200													
<b>PARTICULARS</b>		<b>RESPONSIBILITY CENTER</b>	<b>PROJECT</b>	<b>AMOUNT</b>										
To pay telephone charges (Tel #524-2827) with Account #157253336 incurred at Intramuros Light & Sound Museum for the month of MAY & AUGUST 2021 as per attached SOA nos. 120260245 & 121555382 dated June 01 & September 01, 2021 respectively and other supporting papers. (MSF: JUNE & SEPTEMBER 2021)  <table style="width:100%; border: none;"> <tr> <td>Total Bill (P 1,410.15 x 2)</td> <td style="text-align: right;">P 2,820.30</td> </tr> <tr> <td>LESS: 5% VAT (P2,518.12 x 5%)</td> <td style="text-align: right;">P125.90</td> </tr> <tr> <td>2% Exp. (P2,518.12 x 2%)</td> <td style="text-align: right;">50.36      176.26</td> </tr> <tr> <td></td> <td style="text-align: right;">-----</td> </tr> <tr> <td>Net amount due</td> <td style="text-align: right;">P 2,644.04 =====</td> </tr> </table>		Total Bill (P 1,410.15 x 2)	P 2,820.30	LESS: 5% VAT (P2,518.12 x 5%)	P125.90	2% Exp. (P2,518.12 x 2%)	50.36      176.26		-----	Net amount due	P 2,644.04 =====			2,644.04
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<b>FUND REF. NO. : 21-1741&amp;43</b>		<b>AMOUNT DUE</b>		2,644.04										
<b>[A] Certified: Expenses/Advances necessary, lawful and incurred under my direct supervision.</b>  <div style="text-align: center;">   <b>MA. TERESA C. ALVAREZ</b>            Manager - Operations Department         </div>														
<b>[B] CERTIFIED</b>		<b>[C] APPROVED FOR PAYMENT</b>												
<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														
<b>SIGNATURE</b>		<b>SIGNATURE</b>												
<b>PRINTED NAME</b>	<b>LEONILA G. DE PERALTA</b>	<b>PRINTED NAME</b>	<b>JETRO NICOLAS F. LOZADA</b>											
<b>POSITION</b>	Manager - Accounting Division	<b>POSITION</b>	ACOO-Asset Management Sector											
	HEAD, ACCOUNTING UNIT/AUTHORIZED REPRESENTATIVE		AGENCY HEAD/AUTHORIZED REPRESENTATIVE											
<b>DATE</b>	9/27	<b>DATE</b>												
<b>[D] RECEIPT OF PAYMENT</b>														
<b>CHECK/ ADA NO.</b>		<b>DATE:</b>	<b>BANK NAME &amp; ACCOUNT NUMBER:</b>	<b>JEV NO.:</b>										
		//												
<b>SIGNATURE</b>		<b>DATE:</b>	<b>PRINTED NAME:</b>	<b>DATE:</b>										
<b>OFFICIAL RECEIPT NO. &amp; DATE/OTHER DOCUMENTS</b>														