



|   |   |                                 |                                       |                                     |  |                                |        |  |  |  |       |  |  |                |            |  |  |  |       |  |  |  |  |          |
|---|---|---------------------------------|---------------------------------------|-------------------------------------|--|--------------------------------|--------|--|--|--|-------|--|--|----------------|------------|--|--|--|-------|--|--|--|--|----------|
|    | <b>TOURIS INFRASTRUCTURE AND ENTERPRISE ZONE AUTHORITY</b><br><b>DISBURSEMENT VOUCHER</b>   |                                 | FUND                                  |                                     |  |                                |        |  |  |  |       |  |  |                |            |  |  |  |       |  |  |  |  |          |
|   |   |                                 | DATE<br>DV NO.                        | November 3, 2021<br>SF-2021-11-8158 |  |                                |        |  |  |  |       |  |  |                |            |  |  |  |       |  |  |  |  |          |
| MODE OF PAYMENT   | <input type="checkbox"/> MDS CHECK <input type="checkbox"/> COMMERCIAL BANK <input type="checkbox"/> ADA <input type="checkbox"/> OTHERS (Please specify) |                                 |                                       |                                     |  |                                |        |  |  |  |       |  |  |                |            |  |  |  |       |  |  |  |  |          |
| PAYEE   | MAYNILAD WATER SERVICES, INC.   | T.I.N.<br>005-393-442-000       | EMP. NO.                              | ORS/BURS NO.                        |  |                                |        |  |  |  |       |  |  |                |            |  |  |  |       |  |  |  |  |          |
| ADDRESS   | MWSS Compound, Katipunan Road, Balara, QC   |                                 |                                       |                                     |  |                                |        |  |  |  |       |  |  |                |            |  |  |  |       |  |  |  |  |          |
| PARTICULARS   |   | RESPONSIBILITY CENTER           | PROJECT                               | AMOUNT                              |  |                                |        |  |  |  |       |  |  |                |            |  |  |  |       |  |  |  |  |          |
| To pay water charges with Account No. 54406061 incurred at INTRAMUROS LIGHT & SOUND MUSEUM for the period September 18 to October 18, 2021 as per attached supporting papers.<br><br><table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">Total Bills</td> <td style="width: 20%; text-align: right;">P 7,486.47</td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td>LESS: 5% VAT (P 6,684.35 x 5%)</td> <td style="text-align: right;">334.22</td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;">-----</td> <td></td> <td></td> </tr> <tr> <td>Net Amount due</td> <td style="text-align: right;">P 7,152.25</td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;">=====</td> <td></td> <td></td> </tr> </table> |   | Total Bills                     | P 7,486.47                            |                                     |  | LESS: 5% VAT (P 6,684.35 x 5%) | 334.22 |  |  |  | ----- |  |  | Net Amount due | P 7,152.25 |  |  |  | ===== |  |  |  |  | 7,152.25 |
| Total Bills   | P 7,486.47  |                                 |                                       |                                     |  |                                |        |  |  |  |       |  |  |                |            |  |  |  |       |  |  |  |  |          |
| LESS: 5% VAT (P 6,684.35 x 5%)  | 334.22  |                                 |                                       |                                     |  |                                |        |  |  |  |       |  |  |                |            |  |  |  |       |  |  |  |  |          |
|   | -----   |                                 |                                       |                                     |  |                                |        |  |  |  |       |  |  |                |            |  |  |  |       |  |  |  |  |          |
| Net Amount due  | P 7,152.25  |                                 |                                       |                                     |  |                                |        |  |  |  |       |  |  |                |            |  |  |  |       |  |  |  |  |          |
|   | =====   |                                 |                                       |                                     |  |                                |        |  |  |  |       |  |  |                |            |  |  |  |       |  |  |  |  |          |
| FUND REF. NO. : 21-2054   |   | AMOUNT DUE                      |                                       | 7,152.25                            |  |                                |        |  |  |  |       |  |  |                |            |  |  |  |       |  |  |  |  |          |
| <b>[A] Certified: Expenses/Advances necessary, lawful and Incurred under my direct supervision.</b><br><br><div style="text-align: center;"> <b>MA. TERESA C. ALVAREZ</b><br/>       Manager - Operations Department     </div>   |   |                                 |                                       |                                     |  |                                |        |  |  |  |       |  |  |                |            |  |  |  |       |  |  |  |  |          |
| <b>[B] CERTIFIED</b>  |   | <b>[C] APPROVED FOR PAYMENT</b> |                                       |                                     |  |                                |        |  |  |  |       |  |  |                |            |  |  |  |       |  |  |  |  |          |
| <input checked="" type="checkbox"/> CASH AVAILABLE<br><input type="checkbox"/> SUBJECT TO AUTHORITY TO DEBIT ACCOUNT (If Applicable)<br><input checked="" type="checkbox"/> SUPPORTING DOCUMENTS COMPLETE AND AMOUNT CLAIMED PROPER   |   |                                 |                                       |                                     |  |                                |        |  |  |  |       |  |  |                |            |  |  |  |       |  |  |  |  |          |
| SIGNATURE   |    | SIGNATURE                       |                                       |                                     |  |                                |        |  |  |  |       |  |  |                |            |  |  |  |       |  |  |  |  |          |
| PRINTED NAME  | <b>ALTHEA MARIZ A. REYNOSO</b>  | PRINTED NAME                    | <b>JETRO NICOLAS F. LOZADA</b>        |                                     |  |                                |        |  |  |  |       |  |  |                |            |  |  |  |       |  |  |  |  |          |
| POSITION  | Corporate Finance Services Chief  | POSITION                        | ACOO-Asset Management Sector          |                                     |  |                                |        |  |  |  |       |  |  |                |            |  |  |  |       |  |  |  |  |          |
|   | HEAD, ACCOUNTING UNIT/AUTHORIZED REPRESENTATIVE   |                                 | AGENCY HEAD/AUTHORIZED REPRESENTATIVE |                                     |  |                                |        |  |  |  |       |  |  |                |            |  |  |  |       |  |  |  |  |          |
| DATE  | 11/03   | DATE                            |                                       |                                     |  |                                |        |  |  |  |       |  |  |                |            |  |  |  |       |  |  |  |  |          |
| <b>[D] RECEIPT OF PAYMENT</b>   |   |                                 |                                       |                                     |  |                                |        |  |  |  |       |  |  |                |            |  |  |  |       |  |  |  |  |          |
| CHECK/<br>ADA NO.   |   | DATE:                           | BANK NAME & ACCOUNT NUMBER:           | JEV NO.:                            |  |                                |        |  |  |  |       |  |  |                |            |  |  |  |       |  |  |  |  |          |
|   |   | //                              |                                       |                                     |  |                                |        |  |  |  |       |  |  |                |            |  |  |  |       |  |  |  |  |          |
| SIGNATURE   |   | DATE:                           | PRINTED NAME:                         | DATE:                               |  |                                |        |  |  |  |       |  |  |                |            |  |  |  |       |  |  |  |  |          |
|   |   |                                 |                                       |                                     |  |                                |        |  |  |  |       |  |  |                |            |  |  |  |       |  |  |  |  |          |
| OFFICIAL RECEIPT NO. & DATE/OTHER DOCUMENTS   |   |                                 |                                       |                                     |  |                                |        |  |  |  |       |  |  |                |            |  |  |  |       |  |  |  |  |          |

