


| | | | |
|---|---|----------------------------------|--|
|  TOURISM INFRASTRUCTURE AND ENTERPRISE ZONE AUTHORITY DISBURSEMENT VOUCHER | FUND | | |
| | DATE | | June 8, 2021 |
| | DV NO. | | SF-2021-06-4566 |
| MODE OF PAYMENT | <input type="checkbox"/> MDS CHECK <input type="checkbox"/> COMMERCIAL BANK <input type="checkbox"/> ADA <input type="checkbox"/> OTHERS (Please specify) | | |
| PAYEE | ALEXIS SECURITY AGENCY PROVIDER PHILS. CO., INC. | T.I.N. 221-769-119-000 | EMP. NO. ORS/BURS NO. |
| ADDRESS | Lot 17 Blk 6 Bldg. #28-A First Street Las Piñas Village, Pamplona 3, Las Piñas City Tel # (02) 832-8624 | | |
| PARTICULARS | | RESPONSIBILITY CENTER | PROJECT |
| To payment of Security services rendered at Balicasag Island Dive Resort (BIDR) for the period FEBRUARY 01 to MARCH 31, 2021 as per attached supporting papers. (Contract Extension dated December 29, 2020 - January 01 to February 28, 2021) (Contract Extension dated February 24, 2021 - March 01 to April 30, 2021) ***computation at the back*** | | | 92,567.70 |
| FUND REF. NO. : 21-843 | | AMOUNT DUE 92,567.70 | |
| [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 | RODOLFO E. ANCHETA | PRINTED NAME | JETRO NICOLAS F. LOZADA |
| POSITION | Manager- Financial Services Department | POSITION | ACOO-Asset Management Sector |
| | HEAD, ACCOUNTING UNIT/AUTHORIZED REPRESENTATIVE | | AGENCY HEAD/AUTHORIZED REPRESENTATIVE |
| DATE | | DATE | |
| [D] RECEIPT OF PAYMENT | | | |
| CHECK/ ADA NO. | | DATE: / / | BANK NAME & ACCOUNT NUMBER: |
| SIGNATURE | | DATE: | PRINTED NAME: |
| JEV NO.: | | | |
| DATE: | | | |
| OFFICIAL RECEIPT NO. & DATE/OTHER DOCUMENTS | | | |

