

DISBURSEMENT VOUCHER

DV No. :

Mode of Payment	<input type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Clerk <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please Specify)		
Payee		TIN/Employee No.:	ORS/BURS No.:
Address			
Particulars	Responsibility Center	MFO/PAP	Amount
Amount Due			
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. _____ Printed Name, Designation and Signature of Supervisor			
B. Accounting Entry			
Account Title	UACS Code	Debit	Credit
C. Certified		D. Approved for Payment	
<input type="checkbox"/> Cash available <input type="checkbox"/> Subject to Authority to Debit Account (when applicable) <input type="checkbox"/> Supporting documents complete and amount claimed proper.			
Signature		Signature	
Printed Name		Printed Name	
Position	Head, Accounting Unit/Authorized Representative	Position	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			