
	<p>REPUBLIC OF THE PHILIPPINES</p> <p>DEPARTMENT OF INFORMATION AND COMMUNICATIONS TECHNOLOGY</p> <p>DISBURSEMENT VOUCHER</p>		<p>Fund : MDS Reg</p> <p>Date : Jul 23, 202</p> <p>DV No. :</p>																
<p>MOP FALSE MDS Check FALSE Commercial Check FALSE ADA FALSE Others (Please specify) _____</p>																			
<p>Payee COMPLETE NAME</p>		<p>TIN/ Employee No.</p>	<p>ORS</p>																
<p>Address Complete Address</p>																			
Particulars	Responsibility Center	MFO/PAP																	
<p>Payment for (item/s) purchased for the (purpose, e.g. conduct of, participation, installation, etc.)</p> <p><i>xxx nothing follows xxx</i></p>	<p>Gross Amount</p> <p>Vatable Amount</p> <p>Less 5% tax</p> <p>Less 2% tax</p> <p>Total tax withheld</p>	<p>100000100001000 General Management and Supervision</p>																	
Amount Due			₱																
<p>A. Certified: Expenses/Cash Advance is necessary, lawful and incurred under my direct supervision</p> <p style="text-align: center;">COMPLETE NAME OF IMMEDIATE SUPERVISOR (Provincial Officer/Division Chief)</p> <p style="text-align: center;">Position Title</p> <p style="text-align: center;">Designation</p>																			
<p>B. Accounting Entry</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Account Title</th> <th style="width: 20%;">UACS Code</th> <th style="width: 20%;">Debit</th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td>Due to BIR</td> <td>1010404000</td> <td></td> <td></td> </tr> <tr> <td>Cash MDS Regular</td> <td>1010404000</td> <td></td> <td style="text-align: center;">₱</td> </tr> <tr> <td>Cash MDS Special Fund</td> <td>1010405000</td> <td></td> <td></td> </tr> </tbody> </table>				Account Title	UACS Code	Debit		Due to BIR	1010404000			Cash MDS Regular	1010404000		₱	Cash MDS Special Fund	1010405000		
Account Title	UACS Code	Debit																	
Due to BIR	1010404000																		
Cash MDS Regular	1010404000		₱																
Cash MDS Special Fund	1010405000																		
<p>C. Certified</p> <p>FALSE Cash Available</p> <p>FALSE Subject to Authority to Debit Account (when applicable)</p> <p>FALSE Supporting documents complete and amount claimed proper</p>		<p>D. Approved for Payment</p> <p style="text-align: center;">Amount In Words (Type Net Amount)</p>																	
Signature		Signature																	
Printed Name	JUWAIIRYAH RAUFFA A. RANIAI 1	Printed Name	SITTIE RAHMA																
Position	Accountant III	Position	Director I																
	Head, Accounting Unit/Authorized Representative		Agency Head/Authorized																
Date		Date																	

E. Receipt of Payment				
ADA/Check No.		Date	Bank Name and Account No.	JEV
Signature		Date		
Official Receipt No. & Date / Other Documents			Printed Name	Date
			COMPLETE NAME	

ular

5

/BURS No.

AMOUNT

-

-

-

-

-

Credit

-

-

t, Not Gross)

V. ALAWI

V

Representative

No.
2