	Annex 25				
PETTY CASH VOUCHER				No.:	
City Government of Oroquieta				Date:	
LGU				Date.	
				Responsibility Center	
Payee/Office MINDA B. LACERONA					
		1011			
Address:	P- 2, Mobod, Oroquieta City				
l To be fill	led up upon request		\parallel \mathcal{J}	o be filled up upon liquidation	
1	PARTICULARS	AMOUNT			
To payment of financial assistance to the above-			Total Amount Granted:		
named claimant for hemodialysis of her husband					
Julius B. Lacerona who is suffering from chronic					
kidney disease, per supporting papers hereto attached or in the amount of					
attache	d of in the amount of	Php 1,500.00			
1 mp 1,300.00			Total Amount Paid per		
			Total	anount Faiu pei	
SUPPORTING P	APERS ATTACHED:				
1. Case Study Report					
2. Medicine Prescriptions/Statement of Account/					
Death Certificate/Senior Citizen's I. D./Brgy.			Amount Refunded/		
Certification			(Reimbursed)		
A. Requested by:			C.		
				Received Refund	
MINDA B. LACERONA			Reimbursement Paid		
Approved	by:				
GAY C. MONDOY			HAIDE GALIMBAS		
Supervising Manpower development Officer			Disbursing Officer		
cupor violing manipower actions miner			1	Disputering Cities.	
В.			D.		
Paid by:					
			Liquidation Submitted		
HAIDE GALIMBAS				1	
Disbursing Officer				1	
				Reimbursement Received by	
Cash Received by:					
MINDA B. LACERONA				MINDA B. LACERONA	
Signature over Printed Name Of Payee			Signature of Payee		
) SIE	gnature over Frinteu Name Of Pay	cc		signature of Payee	
Date:			Da	te:	