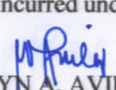
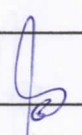
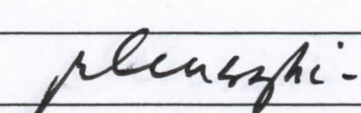
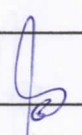
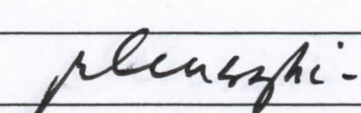
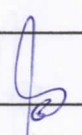
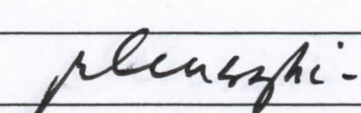




COOPERATIVE DEVELOPMENT AUTHORITY, PAGADIAN EXTENSION OFFICE Entity Name DISBURSEMENT VOUCHER		Fund Cluster : 01													
		Date : APR 17 2022 DV No. : 2022-04-0182													
Mode of Payment	<input type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input checked="" type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify)														
Payee	CDA EMPLOYEES UNION	TIN/Employee No.:	ORS/BURS No.: 01-101101-2022-04-00151												
Address	CDA, 827 Aurora Boulevard, Brgy. Immaculate Concepcion, Cubao, Quezon City														
Particulars		Responsibility Center	MFO/PAP												
Union Dues for April 2022			180.00												
			30.00												
			450.00												
			30.00												
			180.00												
			-												
Amount Due			870.00												
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. <div style="text-align: center;">  WINDELYN A. AVILA Printed Name, Designation and Signature of Supervisor </div>															
B. Accounting Entry: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%;">Account Title</th> <th style="width: 15%;">UACS Code</th> <th style="width: 20%;">Debit</th> <th style="width: 20%;">Credit</th> </tr> </thead> <tbody> <tr> <td>Other Payables</td> <td>2999999000</td> <td style="text-align: right;">870.00</td> <td></td> </tr> <tr> <td>Cash-Modified Disbursement System (MDS), Regular</td> <td>1010404000</td> <td></td> <td style="text-align: right;">870.00</td> </tr> </tbody> </table>				Account Title	UACS Code	Debit	Credit	Other Payables	2999999000	870.00		Cash-Modified Disbursement System (MDS), Regular	1010404000		870.00
Account Title	UACS Code	Debit	Credit												
Other Payables	2999999000	870.00													
Cash-Modified Disbursement System (MDS), Regular	1010404000		870.00												
C. Certified: <input checked="" type="checkbox"/> Cash available <input checked="" type="checkbox"/> Subject to Authority to Debit Account (when applicable) <input checked="" type="checkbox"/> Supporting documents complete and amount claimed proper		D. Approved for Payment <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%;"> Signature  Printed Name MARYJANE B. BUCOL Position Accountant 1 Head, Accounting Unit/Authorized Representative Date 4-20-2022 </td> <td style="width: 55%;"> Signature  Printed Name GLENN S. GARCIA Position Regional Director Agency Head/Authorized Representative Date </td> </tr> </table>		Signature  Printed Name MARYJANE B. BUCOL Position Accountant 1 Head, Accounting Unit/Authorized Representative Date 4-20-2022	Signature  Printed Name GLENN S. GARCIA Position Regional Director Agency Head/Authorized Representative Date										
Signature  Printed Name MARYJANE B. BUCOL Position Accountant 1 Head, Accounting Unit/Authorized Representative Date 4-20-2022	Signature  Printed Name GLENN S. GARCIA Position Regional Director Agency Head/Authorized Representative Date														
E. Receipt of Payment <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"> Check/ADA No. : 01101101-037-2022 </td> <td style="width: 15%;"> Date : 04-11-22 </td> <td style="width: 30%;"> Bank Name & Account Number: LBP 023-1091-37 </td> <td style="width: 25%;"> JEV No. </td> </tr> <tr> <td> Signature : </td> <td> Date : </td> <td> Printed Name: CDA EMPLOYEES UNION </td> <td> Date </td> </tr> </table>		Check/ADA No. : 01101101-037-2022	Date : 04-11-22	Bank Name & Account Number: LBP 023-1091-37	JEV No.	Signature :	Date :	Printed Name: CDA EMPLOYEES UNION	Date	Official Receipt No. & Date/Other Documents					
Check/ADA No. : 01101101-037-2022	Date : 04-11-22	Bank Name & Account Number: LBP 023-1091-37	JEV No.												
Signature :	Date :	Printed Name: CDA EMPLOYEES UNION	Date												

ONCOLL PAYMENT SLIP

This is your receipt when machine validated

 LAND BANK OF THE PHILIPPINES ONCOLL PAYMENT SLIP		Date 21-APR-2022	
Please check the appropriate mode of payment. <input type="checkbox"/> Cash		<input type="checkbox"/> Check	
<input checked="" type="checkbox"/> Debit from Account			
MERCHANT/AGENCY DEPOSIT ACCOUNT NUMBER 0 2 3 1 - 1 0 9 1 - 3 7		MERCHANT/AGENCY NAME CDA EMPLOYEES UNION	
Reference Number 1 COOPERATIVE DEVELOPMENT AUTHORITY		Printed Name and Signature of Payor/Depositor/Representative DYSEBELLE GRACE L. GIAN	
Reference Number 2 UNION DUES-APR 2022 (30 EEs)		Teller's Validation 	
Reference Number 3 (Numeric) ADA# 01101101-04-037-2022			
Amount 870.00			
T8 10MH 22APR2022 08:54:09 0231-1091-37 CDAEU E770 CMORD		P870.00	

LDDAP-ADA No. 01101101-04-037-2022
Date : April 21, 2022
Fund Cluster : 01101101
9900000430

I. LIST OF DUE AND DEMANDABLE ACCOUNTS PAYABLE (LDDAP)							
CREDITOR		Obligation Request and Status No.	ALLOTMENT CLASS (per UACS)	In Pesos			
NAME	PREFERRED SERVICING BANK/SAVINGS/CURRENT ACCT. NO.			GROSS AMOUNT	WITHHOLDING TAX	NET AMOUNT	REMARKS
I. Current Year A/Ps							
PHILIPPINE HEALTH INSURANCE CORP.	LBP SA 0522-2220-03	2022-04-00151	1	15,894.03		15,894.03	
CDA EMPLOYEES UNION	LBP SA 0231-1091-37	2022-04-00151	1	870.00		870.00	
CFE MULTI-PURPOSE COOPERATIVE	LBP SA 0521-2628-00	2022-04-00151	1	152,506.84		152,506.84	
PHILIPPINE HEALTH INSURANCE CORP.	LBP SA 0522-2220-03	2022-04-00152	1	15,894.21		15,894.21	
GOVERNMENT SERVICE INSURANCE SYSTEM	LBP SA 3402-1036-11	2022-04-00154	1	138,393.12		138,393.12	
GOVERNMENT SERVICE INSURANCE SYSTEM	LBP SA 3402-1036-11	2022-04-00151	1	264,036.79		264,036.79	
ELDIE B. GONGB	LBP SA 0527-1920-48	2022-04-00177	2	6,258.50		6,258.50	
CRUZTELCO	LBP SA 3112-1001-55	2022-04-00179	2	582.12	36.39	545.73	
						-	
						-	
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						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
Sub-total				594,435.61	36.39	594,399.22	
II. Prior Years' A/Ps							
						-	
Sub-total				-	-	-	
TOTAL				594,435.61	36.39	594,399.22	

I hereby assume full responsibility for the veracity and accuracy of the listed claims, and the authenticity of the supporting documents as submitted by the claimants.

Director III

(Erasures shall invalidate this document)

