

**BUREAU OF LOCAL GOVERNMENT FINANCE**

Entity Name

**DISBURSEMENT VOUCHER**

Fund Cluster :

Regular Agency Fund

Date : Dec. 31, 2025

DV No. :  
2025-12-

Mode of Payment	<input type="checkbox"/> MDS Check	<input type="checkbox"/> Commercial Check	<input type="checkbox"/> LDDAP-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	
Traveling Expenses-Local	5 02 01 01 0 00			
Cash-Modified Disbursement System (MDS), Regular	1 01 04 04 0 00			
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	JO ANN T. MENDOZA	Signature	JOCELYN T. PENDON	
Printed Name		Printed Name		
Position		Position		
Date		Date		
E. Receipt of Payment			JEV No.	
Check/ ADA No. :	Date :	Bank Name & Account Number:		Date
Signature :	Date :	Printed Name:		
Official Receipt No. & Date/Other Documents				