

**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	
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Signature	JO ANN T. MENDOZA	Signature	JOCELYN T. PENDON
Printed Name		Printed Name	
Position	Accountant III	Position	OIC-Executive Director
Date		Date	

Check/ ADA No. :	Date :	Bank Name & Account Number:	JEV No.
Signature :	Date :	Printed Name:	
Official Receipt No. & Date/Other Documents			Date