

**REPORT OF DISBURSEMENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NO. | DATE | PAYEE | OR NO. | AMOUNT |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  | **TOTAL** |  |

I HEREBY CERTIFY that this Report of Disbursement is a true and correct statement of the disbursements incurred by me which are absolutely necessary in the performance of my duties and functions as (position) of the Office of the Chief Minister – BARMM in the amount of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pesos (P\_\_\_\_\_\_\_\_\_\_\_\_\_\_).

Signed this \_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2021.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Claimant

Noted by:

**ABDULRAOF A. MACACUA**

 Executive Secretary- Designate