



Republic of the Philippines
Office of the Chief Minister
Bangsamoro Autonomous Region in Muslim Mindanao
 Bangsamoro Govt. Center, Cotabato City

Fund Cluster :

DISBURSEMENT VOUCHER

Date :

DV No. :

Mode of Payment	<input type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify)
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Payee	TIN/Employee No.:	ORS/BURS No.:
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Address	
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Particulars	Responsibility Center	MFO/PAP	Amount
Amount Due			

A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.

NARCISA D. MACOG
 Director III - AMS

B. Accounting Entry:

Account Title	UACS Code	Debit	Credit

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		Signature	
Printed Name	MARIAM M. DAUD	Printed Name	ABDULLAH M. CUSAIN
Position	Director III - FMS Head, Accounting Unit/Authorized Representative	Position	Assistant Executive Secretary Agency Head/Authorized Representative
Date		Date	

E. Receipt of Payment

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