



Republic of the Philippines
UNIVERSITY OF SOUTHEASTERN PHILIPPINES
 Bo. Obrero, Davao City

DISBURSEMENT VOUCHER

No. :

Date:

Mode of Payment	<input type="checkbox"/>	MDS Check	<input type="checkbox"/>	Commercial Check	<input type="checkbox"/>	ADA	<input type="checkbox"/>	Others
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Payee:		TIN/Employee No.		OR/BUR No.	
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Address: Davao City	Responsibility Center	
	Office/Unit/Project	Code

EXPLANATION	AMOUNT
<hr style="width: 50%; margin: auto;"/>	

<p>A</p> <p><input type="checkbox"/> Certified Cash available</p> <p><input type="checkbox"/> Subject to Authority to Debit account when applicable)</p> <p><input type="checkbox"/> Supporting Documents complete</p> <p style="text-align: center;">MA. LUISA B. FAUNILLAN Chief Administrative Officer</p> <p>Date:</p>	<p>B Approved for Payment:</p> <p style="text-align: center;">DR. RODULFO C. SUMUGAT VP for Administration</p> <p style="text-align: center;">DR. PERFECTO C. ALIBIN SUC President</p> <p>Date:</p>
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<p>C Received Payment:</p> <p>Signature Over Printed Name</p>	<p>Check/ADA No.:</p> <p>Date:</p>	<p>Bank Name:</p> <p>Official Receipt/Other Documents:</p>	<p>JEV No.:</p> <p>Date:</p>
	<p>Date:</p>		

[Signatory of Box B: Dr. Rodolfo C. Sumugat – (P 0 - P 200, 000.00)]
 [Signatory of Box B: Dr. Perfecto A. Alibin – (P200, 000. 01 - Up)]