

**CEBU NORMAL UNIVERSITY**  
**DISBURSEMENT VOUCHER**

Fund Cluster :

MDS

Date : 14/1/2018  
DV No. :

2018010012

<b>Mode of Payment</b>	<input type="checkbox"/> MDS Check	<input type="checkbox"/> Commercial Check	<input type="checkbox"/> ADA	<input type="checkbox"/> Others (Please specify)
<b>Payee</b>	ALOB ET AL		TIN/Employee No.:	ORS/BURS No.:
<b>Address</b>	Osmeña Blvd. Cebu City			

Particulars	Responsibility Center	MFO/PAP	Amount
To payment of SGPPA/ESGPPA allowance for the month of January 2018 as per supporting documents			Php 959,000.00
SGPPA (260) 239x3500	836,500.00		
ESGPP 77 (35x3500)	122,500.00		
<b>Total Esgppa stipined</b>	<b>959,000.00</b>		
<b>Amount Due</b>			<b>959,000.00</b>

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

*Gwendelina A. Villarante*  
GWENDELINA A. VILLARANTE  
Dean, Students Affairs

**B.** Accounting Entry:

Account Title	UACS Code	Debit	Credit
Accounts Payable	20101010	959,000.00	
Cash in bank modified disbursment system	10104040		959,000.00

<b>C. Certified:</b>	<b>D. Approved for Payment</b>
<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	Nine hundred fifty nine thousand pesos only. m
<b>Signature</b>	<b>Signature</b>
<b>Printed Name:</b> ROCHE O. TORREJOS	<b>Printed Name:</b> FILOMENA T. DAYAGBIL
<b>Position:</b> Accountant III Head, Accounting Unit/Authorized Representative	<b>Position:</b> SUC PRESIDENT III Agency Head/Authorized Representative
<b>Date:</b> JAN 05 2018	<b>Date:</b>

**E. Receipt of Payment**

Check/ADA No.:	201890018-19	Date:	JAN 09 2018	Bank Name & Account Number:		JEV No.	
Signature:		Date:		Printed Name:		Date:	
Official Receipt No. & Date/Other Documents							

OBLIGATION REQUEST AND STATUS

Cebu Normal University

No.					
Date	12/13/2017				
Fund	01			Regular Agency Fund	X
	05			Internally Generated Funds	
NO.		'02	01101101	2017	12 0115

Payee: **ALOB, ET AL** Cont. Approp.

Office:

Address:

Responsibility Center	PARTICULARS	MFO/PAP	UACS Code/ Expenditure	AMOUNT
	Payment of stipend for the months of January to March 2018			
	V #			
	<b>2018010012</b>			
	Account Name			
	Scholarship Grants/Expenses	MFO 1	50202020	3,286,500.00
<b>Total</b>				3,286,500.00

A. Certified : Charges to appropriation/allotment necessary, lawful and under my direct supervision, and supporting documents, valid, proper and legal.	B. Certified : Allotment available & obligated for the purpose/adjustment necessary as indicated above
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Signature :		Signature :	
Printed Name:	<b>GWENDELINA A. VILLARANTE</b>	Printed Name:	<b>CHARLOTTE B. ROSALES</b>
Position :	Dean, Office of Students Affairs	Position :	Budget Officer
Date:		Date:	

C. STATUS OF OBLIGATION						
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not yet Due	Due and Demandable
12/13/2017	Obligation		3,286,500.00		3,286,500.00	
		Totals	3,286,500.00			