

<b>TECHNICAL EDUCATION AND SKILLS DEVELOPMENT AUTHORITY - 10</b> <b>Entity Name</b> <b>DISBURSEMENT VOUCHER</b>		Fund Cluster : <div style="text-align: center; font-size: 1.2em;">101101</div>	
<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)		Date : _____ DV No.: _____	
Payee <div style="text-align: center; font-size: 1.2em;">0.00</div>		TIN/Employee No.: _____ OS/BUR No.: <b>01-101101-2024-</b>	
Address: Cagayan de Oro City			

  

Particulars	Responsibility Center	MFO/PAP	AMOUNT
<div style="text-align: center; font-size: 1.5em;">0</div> <div style="text-align: left; font-size: 0.8em;">*** **</div>	16-009-0300010 TESDA Regional Office X	0	0.00
<b>Amount Due</b>			<b>0.00</b>

  

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

KAYE KASHKA I. ABROGAR  
Accountant IV/Acting FASD Chief  
Printed Name, Designation and Signature of Supervisor

  

**B. Accounting Entry:**

Account Title	UACS Code	Debit	Credit
Cash- Modified Disbursement System, Regular	10104040 00	-	-
		-	-

  

**C. Certified:**  
  
☐ Cash Available  
☐ Subject to Authorized to Debit Account (when applicable)  
☐ Supporting Documents complete and amount claimed proper  
  
Signature: \_\_\_\_\_  
Printed Name: KAYE KASHKA I. ABROGAR  
Position: Accountant IV  

(Head Accounting Unit / Authorized Representative)

Date: \_\_\_\_\_

**D. Approved for Payment:**  
  

PHP 0.00

Signature: \_\_\_\_\_  
Printed Name: DAN M. NAVARRO  
Position: Regional Director  

(Agency Head / Authorized Representative)

Date: \_\_\_\_\_

  

**E. Receipt of Payment**

Check/	Date :	Bank Name & Account Number :	JEV No
ADA No. :			0
Signature:	Date :	Printed Name:	Date:
		0.00	

Official Receipt / Other Documents

<b>TECHNICAL EDUCATION AND SKILLS DEVELOPMENT AUTHORITY - 10</b> <b>Entity Name</b> <b>DISBURSEMENT VOUCHER</b>				Fund Cluster : <div style="text-align: right; font-size: 1.2em;">104102</div>	
				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)				
Payee	0.00		TIN/Employee No.:	OS/BUR No.: <b>01-104102-2024-</b>	
Address:	0				

  

Particulars	Responsibility Center	MFO/PAP	AMOUNT
<div style="text-align: center; font-size: 1.5em;">0</div> <div style="text-align: left; font-size: 0.8em;">*** **</div>	16-009-0300010 TESDA Regional Office X	0	0.00
<b>Amount Due</b>			<b>0.00</b>

  

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KAYE KASHKA I. ABROGAR  
Accountant IV/Acting FASD Chief  
Printed Name, Designation and Signature of Supervisor

  

**B. Accounting Entry:**

Account Title	UACS Code	Debit	Credit
Cash- Modified Disbursement System, Regular	10104040 00	-	-
		-	-

  

**C. Certified:**  
  
☐ Cash Available  
☐ Subject to Authorized to Debit Account (when applicable)  
☐ Supporting Documents complete and amount claimed proper  
  
Signature: \_\_\_\_\_  
Printed Name: KAYE KASHKA I. ABROGAR  
Position: Accountant IV  

(Head Accounting Unit / Authorized Representative)

Date: \_\_\_\_\_

**D. Approved for Payment:**  
  

PHP 0.00

Signature: \_\_\_\_\_  
Printed Name: DAN M. NAVARRO  
Position: Regional Director  

(Agency Head / Authorized Representative)

Date: \_\_\_\_\_

  

**E. Receipt of Payment**

Check/	Date :	Bank Name & Account Number :	JEV No
ADA No. :			0
Signature:	Date :	Printed Name:	Date:
		0.00	

Official Receipt / Other Documents