



DISBURSEMENT VOUCHER

CITY OF ZAMBOANGA

Zamboanga City

Fund:
DV No.:
Date:

Payee:	ID No./TIN:
	CAFOA No.:

Address:	Responsibility Center:
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Particulars	Amount
<div style="text-align: right; margin-bottom: 10px;">_____</div> <div style="text-align: right; margin-bottom: 10px;">=====</div>	-
Amount Due P	-

A Certified: Expenses/Cash Advances necessary, valid, proper, lawful and incurred under my direct supervision. _____	B Certified: Completeness and propriety of supporting documents/previous cash advance liquidated/existence of funds held in trust. _____ City Accountant	C Certified: Funds available for the purpose. _____ City Treasurer
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D Approved For Payment: P _____ City Administrator	Payment: Check No. _____ Bank Name: _____ Date: _____	E Received Payment: _____ Signature Over Printed Name/Position Date _____
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F Accounting Entries			
Particulars	Account Code	Debit	Credit

Prepared by: _____	Certified Correct: _____
Accounting Personnel	Accountant IV