

**REPUBLIC OF THE PHILIPPINES  
PROVINCE OF BULACAN  
MUNICIPALITY OF BALIWAG**

**DISBURSEMENT VOUCHER**

No. \_\_\_\_\_

Mode of Payment  Check  Cash  Others

Payee	TIN/Employer No.	Philgeps No. Code
	Responsibility Center	
Address	Baliwag, Bulacan	Office/Unit/Project
	OR/Other Documents	

EXPLANATION

AMOUNT

To: Payment for Trauma Kit for Barangay Disaster Risk Management Council in the amount of One Hundred Ninety Eight Thousand Pesos Only..

₱ 198,000.00

A Certified  
 Allotment obligated for the purpose as indicated above.  
 Supporting documents complete.

B Certified  
 Funds Available

Signature \_\_\_\_\_  
 Printed Name **RHEA DIANA R. PAYURAN** Date \_\_\_\_\_  
 Position **Municipal Accountant**  
 Head/Accounting Unit/Authorized Representative

Payment  
 Check No. \_\_\_\_\_

Signature \_\_\_\_\_  
 Printed Name **MARTINIANO D. JAVIER** Date \_\_\_\_\_  
 Position **Municipal Treasurer**  
 Treasurer/Authorized Representative

A Approved for Payment  
 Signature \_\_\_\_\_  
 Printed Name **FERDINAND V. ESTRELLA** Date \_\_\_\_\_  
 Position **MUNICIPAL MAYOR**

Bank Name \_\_\_\_\_  
 Date \_\_\_\_\_

B Received Payment:  
 Signature Over Printed Name/Position \_\_\_\_\_  
 Date \_\_\_\_\_

**OBLIGATION REQUEST**

Obligation No. 1012019-02-03

Responsibility Center	Particulars	F.P.P.	Account Code	Amount
OTHER PURPOSES 5%	Trauma Kits	1192-	5-02-99-990	₱ 198,000.00

A. Certified  
 Charges to appropriation/allotment necessary, lawful and under my direct supervision  
 Supporting documents valid, proper and legal

B. Certified  
 Existence of available appropriation

Signature	Signature
Printed Name <b>ENRIQUE V. TAGLE</b>	Printed Name <b>JOSEFINA M. TANGGOL</b>
Position <b>Municipal Administrator</b> Head, Requesting Office/Authorized Representative	Position <b>Municipal Budget Officer</b> Head, Budget Unit/Authorized Representative

**JOURNAL ENTRY VOUCHER**

No.: \_\_\_\_\_  
 Date: \_\_\_\_\_

**ACCOUNTING ENTRIES**

Amount

Responsibility Center	ACCOUNTS AND EXPLANATION	Account Code	PR	Debit	Credit

Republic of the Philippines  
 Province of Bulacan  
**Municipality of Baliuag**  
 B. S. Aquino Avenue, Bagong Nayon  
 3006 Baliwag, Bulacan



## PURCHASE REQUEST

Department:			P. R. No.:		Date: 01-04-19
Section:			SAI No.:		Date:
			ALOBS No.:		Date:
Item No.	Quantity	Unit Issue	Item Description(s)	Estimated Unit Cost	Estimated Cost
1	33	kit	Trauma Kits	6,000	198,000
					<b>198,000</b>
<b>Trauma Kits</b>					
Requested by:		Cash Availability:		Approved by:	
Signature					
Printed Name:		Municipal Treasurer		Municipal Mayor	
Designation		Municipal Treasurer		Municipal Mayor	

Republic of the Philippines

