



**CITY OF KORONADAL WATER DISTRICT**

Block 1, Casa Subd. City of Koronadal

**DISBURSEMENT VOUCHER**

MODE OF PAYMENT							<b>No.</b>					
		MDS Check			ADA		Others	Date:				
ADDRESS:					TIN/Employee No.							
ADDRESS:		CKWD.			Responsibility Center							
		Title:			Code:							
<b>PARTICULARS</b>							<b>P -</b>					
<b>A</b> Certified  <table border="1" style="width: 100px; height: 40px; margin-left: 20px;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table> Supporting documents complete and proper Cash available Subject to ADA ( where applicable)									<b>B</b> Approved for payment:  Signature: Printed Name: <b>REY J. VARGAS</b> Position: <i>General Manager</i>  Date:			
<b>C</b> Received Payment:  Signature Over Printed Name  Date:					Check/ADA No: Date: Bank: Name: OR No./other relevant documents issued							
					<b>D</b> Journal Entry Voucher  NO.  Date:							