# AREA II

# FACULTY

**PARAMETER G:**

**SALARIES, FRINGE BENEFITS, AND INCENTIVES**

**I.1.6**

## I.1.6 Fringe benefit clothing allowance

UNIVERSITY OF SOUTHERN MINDANAO

*GENERAL PAYROLL*

03/07/2025

Page Number : 1

Journal Voucher No.:

WE HEREBY ACKNOWLEDGE to have received of **ERLYN R. PEROCHO** **Adm Officer III** the sums therein specified opposite our respective names being in full compensation for our services for the period **CLOTHING ALLOWANCE - 2025** except as noted otherwise in the remarks column.

| # | EMPLOYEE NAME | DESIGNATION | RATE | SALARY CLOTHING ALLOWANCE | TOTAL AMOUNT | # | Signature of Payee |
|---|---|---|---|---|---|---|---|
| Function: | A.I.a | GENERAL ADMINISTRATION | PERMANENT | | | | |
| 1 | ABANTES, MARIE CATHERINE S | | | 7,000.00 | 7,000.00 | 1 | |
| 2 | ABDUL KADIL, JHELYN Y | | | 7,000.00 | 7,000.00 | 2 | |
| 3 | ABDULKADIL, JELLYVIEVE Y | | | 7,000.00 | 7,000.00 | 3 | |
| 4 | ABELLERA, RAFAEL P | | | 7,000.00 | 7,000.00 | 4 | |
| 5 | ABRIL, EUGENE MARS H | | | 7,000.00 | 7,000.00 | 5 | |
| 6 | ACABADO, AMORFINA R | | | 7,000.00 | 7,000.00 | 6 | |
| 7 | ALBUTRA, GINA B | | | 7,000.00 | 7,000.00 | 7 | |
| 8 | ALCAZAREN, IENA BYB B | | | 7,000.00 | 7,000.00 | 8 | |
| 9 | ALEJO, RENIELY M | | | 7,000.00 | 7,000.00 | 9 | |
| 10 | ALIUDIN, AIVIE MAE B | | | 7,000.00 | 7,000.00 | 10 | |
| 11 | AMANDORON, LOREBELLE L | | | 7,000.00 | 7,000.00 | 11 | |

(1) I CERTIFY on my official oath that the above roll is correct and that the services have been duly rendered as stated.

*RECOMMENDING APPROVAL:*

**QUENIELYN L. DURENDES**
CAO

Certified: (1) Adequate Obligated Funds (2) Properly Approved (3) Supported by Documents Appearing legal and proper (4) Accounts Codes Proper

**CHARISSE ANGELA S. QUIAMBAO**
SAO

APPROVED payable from appropriation for
***CLOTHING ALLOWANCE - 2025***

**JONALD L. PIMENTEL**
President

(3) I CERTIFY on my official oath that I have paid to each employee whose name appears on the above roll the amount set opposite his name, he having presented his Residence Certificate

**ERLYN R. PEROCHO**
Head Cashier

(4) I CERTIFY on my official oath that I have witnessed payment to each person, whose name appears hereon, of the amount set opposite his name and my initials

-2025-03-0528

UNIVERSITY OF SOUTHERN MINDANAO
Kabacan, Cotabato
Philippines

# DISBURSEMENT VOUCHER

Appendix 32

Fund Cluster : Fund 101

Date: MAR 26 2026

01 DVNA 26 - 3 - 0501

Mode of Payment: ☐ MDS Check ☐ Commercial Check ☐ ADA ☐ Others (Please specify)

LAND BANK OF THE PHILIPPINES

Payee: ~~MYLIN C. PRADO, Admin Officer V~~

TIN/Employee No.:

ORS/BURS No.: 2026-03-00824

Address:

| Particulars | Responsibility Center | MFO/PAP | Amount |
|---|---|---|---|
| ~~Cash advance~~ Payment of clothing allowance 2026 as per supporting papers hereto attached... | | Php | 4,396,000.00 |
| Abantes, Marie Catherine et al. 4,396,000.00 | | | |
| | | TOTAL AMOUNT DUE | 4,396,000.00 |

Amount in Words: *Four million three hundred ninety six thousand pesos only.*

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

NERISSA G. DELA VIÑA
HR Director

B. Accounting Entry:

| Account Title | UACS Code | Debit | Credit |
|---|---|---|---|
| | | | |

C. Certified:
- ☐ Cash available
- ☐ Subject to Authority to Debit Account (when applicable)
- ☐ Supporting documents complete and amount claimed proper

D. Approved for Payment

| | | | |
|---|---|---|---|
| Signature | | Signature | |
| Name | WINNALYN V. GALLO | Name | JONALD L. PIMENTEL |
| Position | Accountant II<br>Head, Accounting Unit/Authorized Representative | Position | President<br>Agency Head/Authorized Representative |
| Date | | Date | |

E. Receipt of Payment

| | | | | |
|---|---|---|---|---|
| Check/ ADA No.: | | Date: | Bank Name & Account Number: | JEV No. |
| Signature: | | Date: | Printed Name: | Date |

Official Receipt No. & Date/Other Documents

USM-SYS-F33-Rev.1 2016.03.02