

RECOVERY ASSISTANCE ON YOLANDA (RAY): DILG FUND

Municipality of _____

SUMMARY OF DISBURSEMENT (SOD)

(for the the Month/s of _____)

PROJECT TITLE

PARTICULAR	ACCOUNT CODE	FUND RECEIVED	EXPENDITURES INCURRED	CHECK NUMBER/ O.R. NUMBER	BALANCE TO DATE
Beginning Balance forwarded as of August 31, 2014	799				0.00
Less: Disbursement/liquidation Billing No 1	819				0.00
Balance		0.00	0.00		0.00

I hereby certify that the foregoing statements are true and correct

Prepared by

Approved by

Received by/
Audited by

Accountant

Mayor

LGU Resident Aditor

