

MONTHLY REPORT OF DISBURSEMENTS
For the month of August, 2018

Department: Department of Environment and Natural Resources (DENR)					Agency: Office of the Secretary										Operating Unit: Regional Office VI - Proper													
Organization Code (UACS): 100010300006					Fund Cluster: 03 - Special Account - Locally Funded										Report Status: FOR REVIEW													
PARTICULARS	CURRENT YEAR BUDGET					PRIOR YEAR'S ACCOUNTS PAYABLE										SUB-TOTAL	TRUST LIABILITIES				GRAND TOTAL					REMARKS		
	PS	MOOE	Fin. Exp	CO	TOTAL	PRIOR YEAR'S BUDGET					CURRENT YEAR'S ACCOUNTS PAYABLE						PS	MOOE	CO	TOTAL	PS	MOOE	Fin. Exp	CO	TOTAL			
	2	3	4	5	6=(2+3+4+5)	7	8	9	10	11=(7+8+9+10)	12	13	14	15	16=(12+13+14+15)		17=(11+16)	18=(6+17)	19	20	21	22=(19+20+21)	23	24	25		26	27=(23+24+25+26)
Notice of Cash Allocation (NCA)																												
MDS Checks Issued																												
Advice to Debit Account																												
Notice of Transfer of Allocation (NTA)																												
MDS Checks Issued																												
Advice to Debit Account																												
Working Fund (NCA issued to BTr)																												
Tax Remittance Advices Issued (TRA)																												
Cash Disbursement Ceiling (CDC)																												
Non-Cash Availment Authority (NCAA)																												
Others (CDT, BTr Doss Stamp, etc.)																												

Summary

PARTICULARS	PREVIOUS REPORT	CURRENT MONTH	AS OF DATE
(1)	(2)	(3)	(4)
Total Disbursement Authorities Received			
NCA	43,000.00		43,000.00
Working Fund			
TRA			
CDC			
NCAA			
Others (CDT, BTr Doss Stamp, etc.)			
Less: Notice of Transfer Allocations (NTA) issued			
Total Disbursements Authorities Available	43,000.00		43,000.00
Less:			
Lapsed NCA			
Disbursements	20,546.96		20,546.96
Balance of Disbursements Authorities as of to date	22,453.04		22,453.04
Total Disbursements Program	43,000.00		43,000.00
Less: * Actual Disbursements	20,546.96		20,546.96
(Over)/Under spending	22,453.04		22,453.04

Certified Correct:

For: [Signature]
MYLEINE ANNE ABRICO
Agency Chief Accountant
OFFICE OF ACCOUNTING SECTION

Date:

Approved By:

Head of Agency or Authorized Representative

Date:

**FOR AND IN THE ABSENCE
OF THE REGIONAL DIRECTOR**

[Signature]
JESSY VERA
OIC. AND FOR MANAGEMENT SERVICES