Annex G: Statement of Receipts and Disbursements (SORD)

	Dr	City/Municip
000000	rovince of	ipality of

DILG - PERFORMANCE CHALLENGE FUND CY

STATEMENT OF RECEIPTS AND DISBURSEMENTS (SORD)

For the Month of

PROJECT TITLE:
PROJECT COST:

	Balance as of	Total Disbursements	Less: Disbursements	Total Receipts	Beginning Balance: Receipt of Funds:
			Date		Date
			Check No.		Reference No./Check No.
			Disbursement Voucher No.		Particulars
Cummulative Summary:			Payee/Particulars	xxx	Amount
Total Receipts Total Disbursements Total Balance		xxx	Amount		
DILG Xxx Xxx	* XXX	XXX		××	DILG Equity. xxx
TOTAL Xxx Xxx Xxx	XXX	XXX		Xxx	y. Total Xxx

P/C/M Accountant

Certified Correct: (As to Report)

P/C/M Treasurer

Certified Correct: (As to Disbursement)

Approved by:

P/C/M Governor/Mayor / Authorized Representative