**RETOOLED COMMUNITY SUPPORT PROGRAM (RCSP)**

***Report of Disbursements***

DILG \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LBP Account No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Report No.:2020-01

Period Covered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sheet No.: \_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Check No.** | **Responsibility**  **Center Code** | **Payee** | **Nature of Payment** | **Amount** |
|  |  | LGCDD/C4PEACE |  |  |  |
|  |  | LGCDD/C4PEACE |  |  |  |
|  |  | LGCDD/C4PEACE |  |  |  |
| **TOTAL** | | | | |  |

C E R T I F I C A T I O N

I hereby certify that this Report of Disbursements in \_\_\_\_\_\_ sheet is full, true and correct statement of the disbursements made by me and that this is a liquidation per Check No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Check No. \_\_\_\_\_\_\_\_\_\_\_\_\_ date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the amount of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the implementation of Retooled Community Support Program.

**Certified Correct: Approved by:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disbursing Officer Provincial Director