

REPORT OF CHECK ISSUED
 Period Covered: APRIL 1-30, 2025

Entity Name: **SIAY NATIONAL HIGH SCHOOL**
 Fund Cluster: **101**
 Bank Name/Account No.: **2125900545 (PS-MDS)**

Report No.: **004**
 Sheet No.: **1**

Check		DV/Payroll No.	ORS/BURS No.	Responsibility Center Code	Payee	UACS Object Code	Nature of Payment	Amount
Date	Serial No.							
4/24/2025	0000170109	100-25-04-157	100-25-04-103	PS	DEPED DIV. OF ZBGA SIBUGAY		PAYMENT OF PROVIDENT LOAN APRIL 2025	886.66
							TOTAL	886.66

CERTIFICATION

I hereby certify on my official oath that this Report of Checks Issued in 1 sheet(s) is a full, true and correct statement of all checks issued by me during the period stated above for which Check Nos.0000170109 inclusive,


JUDYLYN M. EGUIA
 Name and Signature of Disbursing Officer/Cashier
 Administrative Assistant II
 Official Designation