# REPORT OF CHECK ISSUED

**Period Covered: JANUARY 1-31, 2025**

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

**Report No.: 001**
**Sheet No.: 1**

| Check | | DV/Payroll No. | ORS/BURS No. | Responsibity Center Code | Payee | UACS Object Code | Nature of Payment | Amount |
|---|---|---|---|---|---|---|---|---|
| Date | Serial No. | | | | | | | |
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| | NO TRANSACTION FOR JANUARY 2025 | | | | | | | |
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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. inclusive,

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

CamScanner