

REPORT OF CHECK ISSUED
 Period Covered: MARCH 1-31, 2025


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

Report No.: **002**
 Sheet No.: **1**

Check		DV/Payroll No.	ORS/BURS No.	Responsibility Center Code	Payee	UACS Object Code	Nature of Payment	Amount
Date	Serial No.							
3/13/2025	0000168985	200-25-03-077	200-25-03-046	PS	DEPED DIV. OF ZBGA SIBUGAY		PAYMENT OF PROVIDENT LOAN MARCH 2025	886.66
3/27/2025	0000170103	200-25-03-134	200-25-03-094	PS	KIMVER LEE DAHIPON		PARTIAL PAYMENT OF SALARY AS SUB TEACHER	42,409.86
							TOTAL	43,296.52

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.0000168985 & 0000170103 inclusive,


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