

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

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

Report No.: **005**
 Sheet No.: **1**

Check		DV/Payroll No.	ORS/BURS No.	Responsibility Center Code	Payee	UACS Object Code	Nature of Payment	Amount
Date	Serial No.							
5/20/2025	0000170111	100-25-05-180	100-25-03-094	PS	KIMVER LEE DAHIPON		FULL PAYMENT OF SALARY AS SUB TEACHER OF SIAY NHS	41,498.14
5/26/2025	0000170128	100-25-05-201	100-25-05-116	PS	DEPED DIV. OF ZBGA SIBUGAY		PAYMENT OF PROVIDENT LOAN MAY 2025	886.66
							TOTAL	42,384.80

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