

# Annex G: Statement of Receipts and Disbursements (SORD)

City/Municipality of \_\_\_\_\_  
Province of \_\_\_\_\_

DILG – SEAL OF GOOD LOCAL  
GOVERNANCE INCENTIVE FUND  
CY

PROJECT TITLE: PROJECT COST:

Beginning Balance:						DILG Equity xxx	Total Xxx
Receipt of Funds:	<u>Date</u>	<u>Reference No./Check No.</u>	<u>Particulars</u>				
				<u>Amount</u>			
Total Receipts					xxx	xxx	Xxx
Less: Disbursements	<u>Date</u>	<u>Check No.</u>	<u>Disbursement Voucher No.</u>	<u>Payee/Particulars</u>	<u>Amount</u>		
Total Disbursements					xxx	xxx	xxx
Balance as of						xxx	xxx
Cumulative Summary:						DILG	Total
Total Receipts						Xxx	Xxx
Total Disbursements						Xxx	Xxx
Total Balance						xxx	Xxx

STATEMENT OF RECEIPTS AND  
DISBURSEMENTS (SORD)  
For the Month of \_\_\_\_\_

I hereby certify that the foregoing statements are true and correct:

Certified Correct:  
(As to Report)

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P/C/M Accountant

Certified Correct:  
(As to Disbursement)

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P/C/M Treasurer

Approved by:

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P/C/M Governor/Mayor / Authorized Representative

