### 

***ADV/ REF:***

***Need Cash date:….10-Mar-22…..***

**Cash Advance Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Items Description** | **Code** | **Amount** | | **Balance** | |
| **Advanced** | **Actual Exp.** | **Returned** | **Reimbursed** |
| Advance for ICT accessories for GADC office | 5200 | $447.7 |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **TOTAL** |  | $447.7 |  |  |  |

Amount in Word (Return/Reimburse):.................................................... .................................. ................................

.........................................................................................................................................................................................

Requested by:……… ...... ...... ............................Signature:............... Date: ........./........../....... ...... ......

Verified by Unit Manager:.................................. Signature:..................................... Date: ............./............../............

Checked by Finance Manager:............................ Signature:...................................... Date............../............../.............

Approved by\*:…………………………………. Signature:.................................... Date:............/............../..............

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Before activity implementation: (>$3,000 sign by two people at least)***

1st Received by:.................................................. Signature:..................................... Date:.........../............../................

2nd Received by:.................................................. Signature:..................................... Date:.........../............../................

3rd Received by:.................................................. Signature:..................................... Date:.........../............../................

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***After activity implementation:***

1st Settled by:...................................................... Signature:..................................... Date:.........../............../................

2nd Settled by:..................................................... Signature:..................................... Date:.........../............../................

3rd Settled by:..................................................... Signature:..................................... Date:.........../............../................

Verified by:......................................................... Signature:..................................... Date:.........../............../................

*\*Refer to Financial Manual, article #14.d “The Unit Manager is responsible to verify the expenditure but limited to approve spending amount up to $100 with approved budget”.*