



CONTROL # \_\_\_\_\_

# CASH ADVANCE FORM

## FINANCE AND ACCOUNTING DEPARTMENT

EMPLOYEE NAME		DATE REQUESTED			
DEPARTMENT		DATE CASH NEEDED			
DESCRIPTION		QTY	UNIT	UNIT COST	TOTAL AMOUNT
GRAND TOTAL					
PURPOSE OF CASH ADVANCE:		REQUESTED AMOUNT: _____			
<input type="checkbox"/> MANPOWER <input type="checkbox"/> MEALS <input type="checkbox"/> TRANSPOR FEE <input type="checkbox"/> FUEL <input type="checkbox"/> TOLL FEE <input type="checkbox"/> OTHERS _____		TOTAL AMOUNT RELEASED: _____			
REMARKS:		MODE OF DISBURSEMENT:		CASH RECEIVED BY:	
		<input type="checkbox"/> CASH <input type="checkbox"/> GCASH <input type="checkbox"/> ONLINE BANKING		(Signature over Printed Name)      DATE & TIME	
PREPARED BY		ENDORSED BY		APPROVED BY	
Employee's Signature (Signature over Printed Name)		Immediate Superior (Signature over Printed Name)		RACHEL CARTAGENA Finance & Accounting Director	
DATE SIGNED:		DATE SIGNED:		DATE SIGNED:	

BMI-FORM-FAA-002



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