



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: _____ TOTAL AMOUNT RELEASED: _____			
<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 _____		MODE OF DISBURSEMENT: <input type="checkbox"/> CASH <input type="checkbox"/> GCASH <input type="checkbox"/> ONLINE BANKING			
REMARKS:		CASH RECEIVED BY: (Signature over Printed Name) DATE & TIME			
PREPARED BY	ENDORSED BY		APPROVED BY		
<div>Employee's Signature (Signature over Printed Name)</div> <div>DATE SIGNED:</div>	<div>Immediate Superior (Signature over Printed Name)</div> <div>DATE SIGNED:</div>		<div>RACHEL CARTEGENA Finance & Accounting Director</div> <div>DATE SIGNED:</div>		

BMI-FORM-FAA-002



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PREPARED BY		ENDORSED BY		APPROVED BY	
Employee's Signature (Signature over Printed Name)		Immediate Superior (Signature over Printed Name)		RACHEL CARTEGENA Finance & Accounting Director	
DATE SIGNED:		DATE SIGNED:		DATE SIGNED:	

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