

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

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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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 CARTAGENA Finance &amp; Accounting Director</div> <div>DATE SIGNED:</div>		

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