

CONTROL # _____

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:

☐ MANPOWER ☐ MEALS ☐ TRANSPO FEE ☐ FUEL ☐ TOLL FEE ☐ OTHERS _____

REQUESTED AMOUNT:

TOTAL AMOUNT RELEASED:

REMARKS:

MODE OF DISBURSEMENT:
☐ CASH ☐ GCASH ☐ ONLINE BANKING

CASH RECEIVED BY:

(Signature over Printed Name)

DATE & TIME

PREPARED BY	ENDORSED BY	APPROVED BY
<div>Employee's Signature <small>(Signature over Printed Name)</small></div> <div>DATE SIGNED:</div>	<div>Immediate Superior <small>(Signature over Printed Name)</small></div> <div>DATE SIGNED:</div>	<div>RACHEL CARTAGENA Finance & Accounting Director</div> <div>DATE SIGNED:</div>

BMI-FORM-FAA-002

CONTROL # _____

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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:	

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		<input type="checkbox"/> CASH <input type="checkbox"/> GCASH <input type="checkbox"/> ONLINE BANKING		(Signature over Printed Name) DATE & TIME	
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Employee's Signature (Signature over Printed Name)		Immediate Superior (Signature over Printed Name)		RACHEL CARTAGENA Finance & Accounting Director	
DATE SIGNED:		DATE SIGNED:		DATE SIGNED:	