

BMI-FORM-FAA-001

NAME		DATE FILED	
PURPOSE OF CASH ADVANCE: <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 _____			
TRANSACTION DATE	PARTICULAR(S)/ DESCRIPTION		AMOUNT
GRAND TOTAL			
CASH ADVANCE AMOUNT: _____ TOTAL EXPENSES INCURRED: _____ EXCESS AMOUNT TO BE RETURNED: _____		CASH ADVANCE AMOUNT: _____ TOTAL EXPENSES: _____ FOR REIMBURSMENT: _____	
PREPARED BY		VERIFIED BY	
Employee's Signature <small>(Signature over Printed Name)</small>		Cash Disbursement Associate	
DATE SIGNED:		DATE SIGNED:	
		APPROVED BY	
		ELLIZA NICOLE HORA Accounting Head	
DATE SIGNED:		DATE SIGNED:	

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