UNIVERSITY OF THE ASSUMPTION

Del Pilar, City of San Fernando (P)

CASH ADVANCE LIQUIDATION REPORT (CALR)

*(Note: Please accomplish in two copies within 5 working days after accomplishment of activity. Kindly itemize all expenses and support with acceptable document. Thank you)*

CALR No**.**

Payee: **Precious Bernadette D. Estrada** Date: June 6, 2023

Dept: **­­­­ UACSC** CV No.Check No.FRM No. \_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Amount of Cash Advance | | | | | | **Php 6,250** | |
| Less: Expenses | | | | | | | |
| To be filled up by Liquidating Party/Employee: | | | | | | | To be filled up by  Accounting: |
| **Date** | **Nature of Expense** | | | **Dept. to**  **Charge** | **Amount of**  **Expense** | | **Account Name** |
| 05-23-23 | Jollibee (Leadership Training) | | | UACSC | 5,715 | |  |
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|  |  | | |  |  | |  |
| Total Expenses | | | | | **5,715** | |  |
| Difference To Be Returned (To be Reimbursed) | | | | | **535** | |  |
| Date Returned | | | | |  | |  |
| Official Receipt Number | | | | |  | |  |
| Prepared by/Date: | | Noted by/Date: | Complete Document  Processed by/Date: | | Verified by/Date: | | JV No. |
| Lorenz P. Maglanque  06-06-23  Precious Bernadette D. Estrada/06-06-23  Liquidating Party | | Dept. Head | Accounting Staff | | Accountant | |  |

*(Copies distributed as follows: copy1- Accountant copy2-Liquidating Party/Employee)*