



LIQUIDATION REPORT

Project Leader: _____ Date: _____

Amount advanced: _____

Reference: CDV/PCV No _____ Check No: _____

Grade Level/Special Program: _____ Date Released: _____

DATE	OFFICIAL RECEIPT/ INVOICE No.	PARTICULARS	AMOUNT
TOTAL EXPENSES			P _____
LESS: CASH ADVANCED			P _____
AMOUNT TO BE RETURNED			P _____

This is to certify that the foregoing expenses were disbursed in conformity with the above-stated purpose(s).

Signature over Printed Name

Checked by: _____ Date: _____
GrPTA President/Special Program President

Noted by: _____ Date: _____
Head Teacher Coordinator

Verified & Validated by: _____ Date: _____
Treasurer

Source document:

AMOUNT RETURNED: P _____
OFFICIAL RECEIPT NO. _____
DATE: _____