

LIQUIDATION OF CASH ADVANCE

DATE _____

CASH ADVANCE:

Payee:

Bank & Check No.:

Date Issued:

CV #:

Less: Expenses

AMOUNT OF CASH ADVANCE/S

P

Particulars

Reference /OR#

Amount

TOTAL EXPENSE/S

P

A/R	/	A/P
-----	---	-----

RECEIPT#

DATE:

SUBMITTED BY:

CHECKED BY:

APPROVED BY:

Shilyn Ann Sambas
Accounting Assistant II

Diana Jean Mesa
General manager