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| **LIQUIDATION REPORT** | | | | | | | | | | | | | | | | | | | | | | | |
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| Nature of Activity: | | | | |  | | | | | | | | | | | | | | | | | |  |
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| **Summary of Expenses** | | | | | | | | | | | | | | | | | | | | | | | |
| ***(Please attach invoices, Official Receipts and other supporting documents)*** | | | | | | | | | | | | | | | | | | | | | | | |
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| **Date** | | | | **Description** | | | | | | | | **Reference** | | | | | | **Amount** | | | **Acct. No.** | | |
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| **TOTAL EXPENSES** | | | | | | | | | | | | | | | | | | **-** | | |  | | |
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| **EXPENSE CATEGORY (refer to your Cash Advance Request)** | | | | | | | | | | | | | | **Budget** | | | | **Actual** | | | **Difference** | | |
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|  |  |  | Payee | | | | | | | |  |  |  | OR/RMI Number | | | | |  | | | | |
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|  |  |  | Department Head | | | | | | | |  |  | **BALANCE - reimbursable** | | | | | | **-** | | | | |
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