



CENTRAL PHILIPPINE UNIVERSITY

JARO, ILOILO CITY, PHILIPPINES

OFFICE OF UNIVERSITY AUDITS

LIQUIDATION STATEMENT

Employee & CA Information:

Name	:	
Position	:	
Date of Liquidation:		
Disb Voucher #	:	
Date of CA	:	
Nature of CA	:	

AMOUNT OF CASH ADVANCE:			P
LESS: Actual Disbursements (Attach separate sheet if necessary)			
Date	Reference (OR#, etc.)	Description	Amount
TOTAL			P
Excess (Reimbursable) OR #			P

Prepared by: <div style="text-align: center;">Signature over Printed Name</div>	Noted by: <div style="text-align: center;">Signature over Printed Name</div>	Notes:
Date:	Date:	