CENTRAL PHILIPPINE UNIVERSITY
Jaro, Iloilo City

Liquidation Statement

Employee & CA Information

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

Amount of CA: **P** _____

Less: Actual Disbursements (Attach separate sheet if necessary)

Date	Reference (O.R.#s, etc.)	Description	TOTAL

Total

Excess (Reimbursable) OR # _____ **P** _____

Prepared by	Noted by:	Notes
date:	date:	