



# LIQUIDATION REPORT

Period Covered: \_\_\_\_\_

Serial No. \_\_\_\_\_

Date: \_\_\_\_\_

Entity Name : Far North Luzon General Hospital & Training Center

Responsibility Center Code: \_\_\_\_\_

Fund Cluster : \_\_\_\_\_

## PARTICULARS

## AMOUNT

TOTAL AMOUNT SPENT

AMOUNT OF CASH ADVANCE PER DV NO. \_\_\_\_\_ DTD. \_\_\_\_\_

AMOUNT REFUNDED PER OR NO. \_\_\_\_\_ DTD. \_\_\_\_\_

AMOUNT TO BE REIMBURSED

**A** Certified: Correctness of the above data

**B** Certified: Purpose of travel/ cash advance duly accomplished

**C** Certified: Supporting documents complete and proper

\_\_\_\_\_  
Signature over Printed Name  
Claimant

\_\_\_\_\_  
Signature over Printed Name  
Immediate Supervisor

\_\_\_\_\_  
Signature over Printed Name  
Head, Accounting Unit

Date: \_\_\_\_\_

Date: \_\_\_\_\_

JEV No.: \_\_\_\_\_

Date: \_\_\_\_\_