Xavier University
ATENEO DE CAGAYAN
Corrales Avenue 9000 Cagayan de Oro City

LIQUIDATION REPORT

Name _____
Dept. /Office _____
Purpose of Cash Advance _____

The following are strictly required to be attached in this report:

- **Original Copy of Official Receipts**
- **Copy of the Disbursement Voucher of the Cash Advanced**
- **Copy of the Approved Request-to-Travel Form *(for Liquidation of Travel Expenses)***

TOTAL CASH ADVANCED Php_____
Less: EXPENSES (totals only)

A. Accommodations/Hotels Php _____

B. Transportation:
   1) Plane Fare Php _____
   2) Boat Fare _____
   3) Bus Fare _____
   4) Other Transp _____ _____

C. Meals/Snacks _____

D. Incidentals _____

E. Others (please specify)
   _____
   _____
   _____
   _____
   _____
   _____
   _____ _____ Php_____

Amount Refundable / Amount to be Returned: ==========
OR Number:

Submitted by:	Approved by:	Received by:	Date:
_____	_____	_____	_____
Name & Signature	Unit Head Name & Signature	Finance Office Personnel Name & Signature	