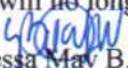

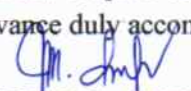


| LIQUIDATION REPORT Period Covered: <u>June to July 2024</u> | | Serial No.: _____ Date: 7/8/2024 |
|---|--|--|
| Entity Name : _____ Fund Cluster : _____ | | Responsibility Center Code: <u>TP.UF.009</u> |
| PARTICULARS | AMOUNT | |
| LIQUIDATION OF PETTY CASH FUND as per supporting documents... | | |
| Cash Advance amount: | 5,000.00 | |
| Less: Actual Expenses: | 5,017.00 | |
| NOTE: I will no longer process a reimbursement or claim for the P17.00 excess.  Vanessa May B. Milan | | |
| TOTAL AMOUNT SPENT | → | 5,017.00 |
| AMOUNT OF CASH ADVANCE PER DV NO. _____ DTD. _____ | → | 5,000.00 |
| AMOUNT REFUNDED PER OR NO. _____ DTD. _____ | → | |
| AMOUNT TO BE REIMBURSED | → | 17.00 |
| A Certified: Correctness of the above data  <u>VANESSA MAY B. MILAN</u> Signature over Printed Name Claimant | B Certified: Purpose of travel / cash advance duly accomplished  <u>JEROME O. ARRIBADO</u> Signature over Printed Name Immediate Supervisor | C Certified: Supporting documents complete and proper <u>NICK FREDDY R. BELLO</u> Signature over Printed Name Head, Accounting Division Unit JEV No.: _____ Date: _____ |
| Date: _____ | Date: _____ | Date: _____ |