


LIQUIDATION REPORT		Serial No.: _____
Period Covered : <u>2023</u>		Date: February 3, 2023
Entity Name : Saloma B. Gisulga		Responsibility Center Code:
Fund Cluster : General Fund		301000000
PARTICULARS	AMOUNT	
LIQUIDATION OF PETTY CASH ADVANCE	5000.00	
TOTAL AMOUNT SPENT		5064.20
MOUNT OF CASH ADVANCE PER DV NO. _____ DTD. _____		5000.00
AMOUNT REFUNDED PER OR NO. _____ DTD. _____		-
AMOUNT TO BE REIMBURSED		64.20
A Certified: Correctness of the above data  SALOMA B. GISULGA Signature over Printed Name Claimant Date: _____	B Certified: Purpose of travel / cash advance duly accomplished LILIAN B. NUÑEZ Signature over Printed Name Immediate Supervisor Date: _____	C Certified: Supporting documents complete and proper NICK FREDDY R. BELLO Signature over Printed Name Head, Accounting Division Unit JEV No.: _____ Date: _____