



## LIQUIDATION REPORT

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

DOMAIN : \_\_\_\_\_

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

Project Name /Activity of Project: \_\_\_\_\_

College/Dept.: \_\_\_\_\_

APPROVED BUDGET PER CV No. \_\_\_\_\_ AMOUNT \_\_\_\_\_

DATE of CV \_\_\_\_\_

EXPENSE ACCOUNTS/ITEMS	APPROVED BUDGET	ACTUAL EXPENSES	VARIANCE
<i>Registration</i>	_____	_____	_____
<i>Accommodation</i>	_____	_____	_____
<i>Meals/Foods/Snacks</i>	_____	_____	_____
<i>Supplies</i>	_____	_____	_____
<i>Documentation</i>	_____	_____	_____
<i>Transportation</i>	_____	_____	_____
<i>Jeep/Bus Rentals</i>	_____	_____	_____
<i>Streamers/Tarpaulins</i>	_____	_____	_____
<i>Stage Decorations</i>	_____	_____	_____
<i>Contingency Allowance/Misc. /Other Incidental Expenses</i>	_____	_____	_____
<b>TOTAL</b>	<b>P -</b>	<b>P -</b>	<b>P -</b>

**Note:** You may change expense account/item if actual expense incurred not included in the above LIST.

ACTUAL EXPENSES P \_\_\_\_\_ - \_\_\_\_\_

RETURNED AMOUNT PER O.R. NO. \_\_\_\_\_

DATE OF OR \_\_\_\_\_

RETURNED AMOUNT \_\_\_\_\_

<b>A)</b> Certified: Correctness of the above data.	<b>B)</b> Certified: Purpose of approved budget duly accomplished.	<b>C)</b> Certified: Supporting documents complete and proper.
Claimant (Signature Over Printed Name)	Dean/Dept. Head	Head, Accounting Unit

**Remarks (Accounting Office)**

ACCOUNT CODE