



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
Registration	_____	_____	_____
Accommodation	_____	_____	_____
Meals/Foods/Snacks	_____	_____	_____
Supplies	_____	_____	_____
Documentation	_____	_____	_____
Transportation	_____	_____	_____
Jeep/Bus Rentals	_____	_____	_____
Streamers/Tarpaulins	_____	_____	_____
Stage Decorations	_____	_____	_____
Contingency Allowance/Misc. /Other Incidental Expenses	_____	_____	_____
TOTAL	P -	P -	P -

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 _____

A) Certified: Correctness of the above data.

B) Certified: Purpose of approved budget duly accomplished.

C) Certified: Supporting documents complete and proper.

Claimant
(Signature Over Printed Name)

Dean/Dept. Head

Head, Accounting Unit

Remarks (Accounting Office)

ACCOUNT CODE