



**Accounting Office**

Liquidation Form

Associate's Name	Date of Liquidation	
Office / Dept.	Amount for Liquidation	
Date/s Of Activity	CV Reference No.	
Name of Activity	Check No. / Date	

**FOR PURCHASES WITH OFFICIAL RECEIPT**

Particulars	Date / O.R. #	Amount
<b>Total</b>		-

**FOR PURCHASES WITHOUT OFFICIAL RECEIPT (With Approved Documents)**

Particulars	Reference Number	Amount
<b>Total</b>		-

<b>Total Expenses</b>	-
<b>Excess to be deposited to Cashier (O.R.# _____ Date _____)</b>	0.00

<b>Prepared by:</b>	<b>Noted by:</b>	<b>Approved by:</b>
(Signature Over Printed Name / Date)	(Signature Over Printed Name of Dept. Head / Date)	(Signature Over Printed Name of Acct; Director / Date)

Note: File copy of the Approved Request for Cash Advance (RCA) and check voucher should be attached.