DE LA SALLE MEDICAL AND HEALTH SCIENCES INSTITUTE
Nurturing Life

FINANCE AND CONTROLLERSHIP
D E P A R T M E N T
Dasmariñas, Cavite Philippines

To: FINANCE & CONTROLLERSHIP DEPARTMENT

Re: CASH ADVANCE LIQUIDATION

==========

Purpose of Cash Advance: _____

_____

Cash Advance per Disbursement Voucher No.: _____ ₱_____

Less: Expenses Incurred

DATE	PARTICULARS	AMOUNT

Total Expenses _____ ₱ 0.00

Amount to be returned (Reimbursable) _____ ₱_____

O.R. No.: _____ Date: _____

Prepared by: Noted by: Approved by:

_____ _____ _____

Head Director Vice Chancellor