



_____ Date

To: Finance & Controllership Department
From: _____
Re: **REQUEST for CASH ADVANCE**

Amount: ₱ _____ Dept./College: _____

Date/s of Activity: _____

Purpose: _____

ACKNOWLEDGEMENT/AUTHORITY TO DEDUCT

I am accountable to DLS Medical and Health Sciences Institute in the amount of _____ ₱ _____

In accordance with the liquidation policy on cash advance, I fully understand that this amount should be used for the purpose stated herein and it is my obligation to liquidate within six (6) weeks from the last day of activity. I hereby authorize the Finance & Controllership Department to deduct from my salary the amount equivalent to four (4) equal semi-monthly installments if I fail to liquidate.

Signature over Printed Name

Approved by:

Vice Chancellor

Voucher No. & Date: _____
DV# & Date: _____
Amount Liquidated: _____
Journal Voucher# & Date: _____
Amount Returned: _____
Official Receipt# & Date: _____